

FILED JAN 5 1946
Registration District No. 10

Primary Registration District No. 415-8

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Buffalo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
(c) City or town Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA LOUISA VUNN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 29 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Mo 1
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____

12. Name Francis Belle

13. Birthplace Union Mo
(City, town, or county) (State or foreign country)

14. Maiden name Francis Strickland

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Vunn

(b) Address Buffalo Mo

17. (a) Burial (b) Date thereof 12-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union home

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) 1-2-46 (b) Grace Pabec
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1945 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from 1 1944 to Dec 12 1945;
that I last saw her alive on Dec 11 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 hrs.

Due to Chronic arteriosclerosis 5 years

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations gyn
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ (e) Means of injury C

23. Signature D. G. Jammun (M. D. or other) MD

Address Buffalo Mo Date signed 12-24-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Mavis B. Jones*

Licensed Embalmer No. *4322*

P. O. Address..... *Buffalo, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.