

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
1973
Registrar's No. 167

Registration District No. 10

Primary Registration District No. 5037

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Rural Salt River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
H. F. D. #2 Molino Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
Life (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Audrain 4
(c) City or town Molino - RURAL 10
(If outside city or town limits, write "RURAL")
(d) Street No. R. #2 Molino Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John E. Mundy
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 23
year 1945 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 12-9- 1945 to 12-23- 1945
that I last saw h. UNA alive on 12-20- 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced W ✓
6. (b) Name of husband or wife Mary Rebecca Jane Mundy alive _____ years
7. Birth date of deceased Sept. 22, 1854
(Month) (Day) (Year)

Immediate cause of death
Roba pneumonia
Influenza
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
91 3 1 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations 33K
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business Self

12. Name Logan Mundy

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

14. Maiden name Lousiana Creed

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

16. (a) Informant Almer Mundy

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 12/24/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Midway

18. (a) Signature of funeral director _____
(b) Address Mexico, Mo.

19. (a) Dec 24 1945 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

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?
While at work (Specify type of place) (e) Means of injury _____
23. Signature Frank Jolley (M. D. or other) MD
Address Mexico, Mo. Date signed 12/23/45

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

100051

MAR 22 1946

RECEIVED
District Health Officer No. 10
District File Number 1-46-215
Date Filed JAN 26 1946

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 Everett P. Head
Licensed Embalmer No. 4038
P. O. Address Mexico, 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.