

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 10

Primary Registration District No. 5037

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Molino 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 1
(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 Audrain 4
Volton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Molino R 7 19 #2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT NAME Rebecca Jane Mundy
FULL NAME

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife John Mundy
6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased Dec. 9 - 1915 1840
(Month) (Day) (Year)

8. AGE: Years 85 Months -- Days 12
If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John M. Price

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

14. Maiden name Hester Wilson

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

16. (a) Informant Mrs. Wayne Daily

(b) Address Sacramento, Cal.

17. (a) Burial (b) Date thereof 12/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Midway Audrain Co

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Mo. Audrain Co

19. (a) Dec 21-45 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
year 1945 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 12-16
1945 to 12-20, 1945
that I last saw her alive on 12-16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Duration _____

Due to _____

Due to _____

Other conditions Influenza
(Include pregnancy within 7 months of death)

Major findings:
Of operations _____

Of autopsy 23%

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? _____

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 12/21/45

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

100052

MAY 22 1948

RECEIVED
District Health Officer No. 10
District File Number 1-46-21
Date Filed JAN 26 1948

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.....
Alto Amundson

Licensed Embalmer No. 3569

P. O. Address.....
Mexico, New

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.