

**FILED FEB 9 1946**

Registration District No. **1953**

Primary Registration District No. **3010**

Registrar's No. **28**

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 40 yrs  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town White Water  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MYRTLE MARIE MOONEY  
(b) If veteran, name war ✓  
(c) Social Security No. 0

20. DATE OF DEATH: Month Jan day 10  
year 1946 hour 15 minute 0 M. A

21. I hereby certify that I attended the deceased from 1-3-46 to 1-10-46  
that I last saw her alive on 1-10-46  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased Aug 30 1900  
(Month) (Day) (Year)

Immediate cause of death FLORAD STERIS OPERATION FOR PERITONITIS  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 44 Months 4 Days 10 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace White Water Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 5603

11. Industry or business \_\_\_\_\_  
12. Name Edi H. Kunder  
13. Birthplace Fredricksburg Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Sally Marie Kunder  
15. Birthplace Arcade Ridge Mo  
(City, town, or county) (State or foreign country)

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) (e) Means of injury \_\_\_\_\_

16. (a) Informant Alto Mooney  
(b) Address White Water Mo  
17. (a) Burial (b) Date thereof 1-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place, burial or cremation White Water Mo  
18. (a) Signature of funeral director Edi Kunder  
(b) Address \_\_\_\_\_  
19. (a) 1-24-1946 (b) C. E. Summers  
(Date received local registrar) (Registrar's signature)

23. Signature A. Smith (M. D. or other) Mo  
Address CAPE GIRARDEAU Date signed 1/10/46

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

352

RECEIVED

District Health Officer No. 4

District File Number 246-1662

Date Filed 2-7-46

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**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 El. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Lee, Md

**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.**