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X37823

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

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 36

**1. PLACE OF DEATH:**

(a) County Johnson  
(b) City or town Holden  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
XX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether)  
In this community 75 years (Specify whether)  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson **51**  
(c) City or town Holden (If outside city or town limits, write "RURAL") **0**  
(d) Street No. 7th & Vine Street (If rural, give location)  
(e) Citizen of foreign country? XX (Yes or No)  
If yes, name country XX **10**

**3. (a) PRINT FULL NAME**

Mary Ella Page.

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. XX

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John Page (Deid) 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased June 1 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ridgefarm, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

**11. Industry or business**

MOTHER FATHER { 12. Name Francis F. Bundy  
13. Birthplace Don't know (City, town, or county) (State or foreign country)  
14. Maiden name Mary Ella Bundy  
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Teddy Page

(b) Address Holden, Mo.

17. (a) Burial (b) Date thereof 12-19-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) Jan 10, 1947 (b) W. H. Redford (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 17, year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above. **17**

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_  
Due to Senility; Incontinence and old age.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations J. B. P. Of autopsy \_\_\_\_\_  
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 3

23. Signature F. May Andrew, Coroner (If not doctor) Address Holden, Mo. Date signed Dec. 19,

**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: *Samuel B. Papp*

Licensed Embalmer No. *4044*

P. O. Address. *Holden, 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.**