

**FILED MAR 25 1947**

Registration District No. 107

Primary Registration District No. 20195422

Registrar's No. 151

**1. PLACE OF DEATH:**  
(a) County Dunklin  
(b) City or town Kennett Rural  
(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 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MO (b) County Dunklin **35**  
(c) City or town Kennett Rural **0**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mattie Rundel  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month 3 day 8  
year 1947 hour 9 minute 30 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, 2 divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased un known  
(Month) (Day) (Year)

Immediate cause of death Corroanary Coronary Occlusson Duration \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
71 Dk Dk \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertion  
Due to Heart disease

9. Birthplace Un known 9  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

**PHYSICIAN**  
Major findings:  
Of operations \_\_\_\_\_ **94A**  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER** { 12. Name John Walten 9

13. Birthplace Un known 9  
(City, town, or county) (State or foreign country)

14. Maiden name un known 9

15. Birthplace un known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Claud Rundel

(b) Address Truman Ark

17. (a) Burial (b) Date thereof 3 10 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Hill Cem. Ark

18. (a) Signature of funeral director Lentz Und Co

(b) Address Kennett, Mo

19. (a) 3-8-1947 (b) Cosel Husband  
(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) 3  
(e) Means of injury \_\_\_\_\_

23. Signature Walter A. Haworth COR

Address Kennett Mo Date signed 3-8-47

Health Office  
File Number 311  
Date Filed 3-2

**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 Walter A. Haerlein  
Licensed Embalmer No. 2002  
P. O. Address Kennett 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.**