

FILED JUL 17 1948

Registration District No. 176

Primary Registration District No. 3020

Registrar's No. 93

1. PLACE OF DEATH:  
Franklin  
(a) County Franklin  
(b) City or town Washington  
(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 or location)  
(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Katherine Margaret Cunio

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elax Cunio 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 18 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>8</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Webster Thompson

13. Birthplace Jefferson County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Mae Wiley

15. Birthplace Jefferson County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elax Cunio

(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 7-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn Cem. Desoto

18. (a) Signature of funeral director Missed H. N. Winter Mo.

(b) Address Owensville, Mo.

19. (a) 7/1/48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1948 hour 7 minute 20 a.m.

21. I hereby certify that I attended the deceased from May 1 1948 to June 30 1948  
that I last saw her alive on June 29 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative anemia  
Resulting in nephritis  
Due to Urinary

Duration

5 wks

Due to \_\_\_\_\_

Other conditions (Include pregnancy, within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ While at work? (a) Means of injury \_\_\_\_\_

23. Signature Elax A. Schmidt (M. D. or other)

Address Desoto Mo Date signed 6-30-48

RECEIVED  
District Health Officer No. 9,  
District File Number JUL 16 1948  
Date Filed

JUL 16 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.....  
..... Harvey Kahle ....., Registered Apprentice No. .... 9 .....,  
working under my personal supervision.

Signed *Melford H. H. Winter*

Licensed Embalmer No. .... 3838 .....,  
P. O. Address .... Owensville, 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.