

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17945
Do not use this space.

850 JUN 15 1939

1. PLACE OF DEATH
 (a) County Barry Registration District No. 38
 (b) Township Rolling River Primary Registration District No. 3055 Registered No. _____
 (c) City _____ (d) Street No. Star Route Eagle Rock Mo St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie May Munday
 (a) Residence, No. Barry County St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Munday
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1900
 7. AGE YEARS 39 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagle Rock Mo.
 FATHER 13. NAME Dean Burris 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagle Rock Mo.
 MOTHER 15. MAIDEN NAME Sarah E. Leakey 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Indiana
 17. INFORMANT (ADDRESS) Sam Munday Eagle Rock Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mano Cem DATE May 12 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Noon Funeral Home Cassville Mo.
 20. FILED 71 1939 Conna Widdington Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1934 to May 9 1939
 I last saw her alive on May 9 1939 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma - Cervix Date of onset 1/7/35
48
 Other contributory causes of importance:
Acquired Seat - Cervix
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) E. E. McDaniel
 (Address) Cassville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1140

Date Filed JUN 5 1939

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,

Eugene Wood

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Eugene Wood

Licensed Embalmer No.

3804

P. O. Address

Cassville, 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, above space should be left blank.

(11)