

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 673

1. PLACE OF DEATH  
(a) County Greene 2  
(b) City or town Springfield  
(c) Name of hospital or institution: 988 N. Roberson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 5 1/2

3. (a) PRINT FULL NAME MARY J. WUNDER  
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 Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: March 30 1859  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 0 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Ill.

10. Usual occupation Housewife 1

11. Industry or business In Home

MOTHER FATHER  
12. Name  Rufus Vickrey  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Ill.  
14. Maiden name Jones  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Ill.

16. (a) Informant's own signature Mrs. Gordon Payne  
(b) Address 988 N. Roberson

17. (a) Burial (b) Date thereof Sept. 2 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washwood

18. (a) Signature of funeral director W. H. King  
(b) Address Springfield, Mo. 290

19. (a) Aug 31 1939 (b) Chas. A. George  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 988 N. Roberson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30  
year 11 hour 65 minute 7 M.

21. I hereby certify that I attended the deceased from 1936, 19 \_\_\_\_\_ to 8/30/39, 19 \_\_\_\_\_  
that I last saw her alive on 8/30/39, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of vulva Duration 3 yrs.

Due to Senile vaginitis

Due to 49

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy --

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 \_\_\_\_\_

While at work? \_\_\_\_\_  
23. Signature J. B. Lemmon M.D. (M. D. or other) M. D.  
Address \_\_\_\_\_ Date signed 8/31/39

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.

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 Ogle Alton J., Registered Apprentice No. 232 working under my personal supervision.

Signed Warren D. Robert  
Licensed Embalmer No. 4005  
P. O. Address Springfield 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.