

1 AUG 13 1940
Registration District No. 486

Primary Registration District No. 5649

State File No. _____
Registrar's No. 19

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Hurricane Rural
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME David S. Onchundio
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1940 hour 18 minute 30 A. M.
21. I hereby certify that I attended the deceased from _____
1940 to July 24 1940
that I last saw him alive on July 24 1940
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mattie L.
6. (c) Age of husband or wife if alive Yes years _____
7. Birth date of deceased June 24 1861
(Month) (Day) (Year)

Immediate cause of death Ch. Nephritis Duration (P)
Due to _____
Due to 171
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 79 Months 1 Days 2 If less than one day _____ hr. _____ min.
9. Birthplace Amherst Co V.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business _____
12. Name D. Onchundio
13. Birthplace Amherst Co V.A.
(City, town, or county) (State or foreign country)
14. Maiden name Betty G. Hutchinson
15. Birthplace Amherst Co V.A.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant's own signature Russell Onchundio
(b) Address 8. L. Curry MO
17. (a) Burial (b) Date thereof July 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge Cem.
18. (a) Signature of funeral director W. Bradley
(b) Address 8. L. Curry MO
19. (a) 8-10-40 (b) E. Powell
(Date received local registrar) (Registrar's signature)

23. Signature W. C. Bradley (M. D. or other) M.D.
Address Elberon, MO Date signed 7-25-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. W. Bradley

Licensed Embalmer No.....

3966

P. O. Address.....

Elberry

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.

**MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH**

25721

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____

Registration District No. 486

Primary Registration District No. 5649

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Marion Mo. 710
(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 _____
(Specify whether
 in this community _____
years, months or days)

3. (a) PRINT FULL NAME David S. Omohundro

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	79	1	2	hr. min.

8. Birthplace (City, town, or county) (State or foreign country)

9. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 7 day 26
 year _____ 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.
 Immediate cause of death _____

Duration

Due to _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature H. C. Huntley (M. D. or other) _____

Address Elsbury Mo Date signed _____

SUPPLEMENTARY

