

No. 2
4-13-40
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FILED MAR 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8410**
Registrar's No. _____

Registration District No. **852**

Primary Registration District No. **6121**

25
800

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Sullivan**
(a) County **Sullivan**
(b) City or town **Rural**
(c) Name of hospital or institution: **Rural Twp, Duncan**
(d) Length of stay: In hospital or institution **1**
In this community **62** years
years, months or days

2. USUAL RESIDENCE OF DECEASED: **5800**
(a) State **Missouri** (b) County **Linn**
(c) City or town **Rural**
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **William Alonzo Mundell**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept, 4th, 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 28 hr. min.

9. Birthplace **Browning Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

12. Name **Thos. B. Mundell**
13. Birthplace **Browning Missouri**
14. Maiden name **Mary F. Moffett**
15. Birthplace **Galliten Missouri**

16. (a) Informant **Birtha Riddle**
(b) Address **Browning Missouri**
17. (a) **Burial** (b) Date thereof **Mar, 4th 1941**
(c) Place: burial or cremation **Mundell Cemetery**
18. (a) Signature of funeral director **A. J. Piver**
(b) Address **Browning Mo.**
19. (a) **mas. J. H. [unclear]** (b) **Clas Hagan**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **2nd**,
year **1941** hour **4-50** minute **A** M.

21. I hereby certify that I attended the deceased from **March 1st** to **March 2nd**, 19**41**;
that I last saw him alive on **March 2**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis death attack of 1 day**
Due to _____
Due to _____

Other conditions **Fracture hypertrophy Cystitis**
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **J. R. Meantoe** (M. D. or other) **D**
Address **Browning Mo** Date signed **March 4 1941**

Duration **7 days**
1 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-41-580

Date Filed MAR 10 1941

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

A. J. Brown

Licensed Embalmer No.

1407

P. O. Address

Browning, 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.