

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27702  
Registrar's No. 125

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrain  
(b) City or town Mexico  
(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 20 3 1/2 months, none (Specify whether)  
In this community the entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 903 W. Missouri St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Cordie Keenan Mundy  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none  
8. DATE OF DEATH: Month July day 28  
year 1941 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from 10-31-39 to July 28, 1941; that I last saw her alive on July 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death General carcinomatosis

Due to Carcinoma breast.

Due to lung

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma breast.

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

23. Signature Frank Jolley (M. D. or other) MD

Address Mexico, Mo. Date signed 7/30/41

3. (a) PRINT FULL NAME Cordie Keenan Mundy

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 22 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Andrain Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Home maker

11. Industry or business

12. Name Rogan Mundy

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

14. Maiden name Louisa Anne Creed

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

16. (a) Informant James Mundy

(b) Address Mexico Mo

17. (a) Burial (b) Date thereof July 30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director Mexico Mo (b) Address Mexico Mo

19. (a) July 30-41 (b) Blanche Neely (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-41-1536

Date Filed AUG 20 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

*Ray A. McPheters*

Licensed Embalmer No. 1133

P. O. Address

*Mexico 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.