

FILED MAR 11 1942

Registration District No. 05

Primary Registration District No. 1001

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Bushanan
(b) City or town St Joseph Mo. (S.A.)
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

3. (a) PRINT FULL NAME John Walter Rund

3. (b) If veteran, name war - 3. (c) Social Security No. NONE

4. Sex male 5. Color or race w 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 June 12 1897
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name John F. Rund 13. Birthplace Albany Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Parks
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Rund
(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 3-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton County, Albany Mo

18. (a) Signature of funeral director Benton Co. Holy Comm.

(b) Address 319 Sole St. St Joseph Mo.

19. (a) 3/1/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Gentry
(c) City or town St Albany Mo. 38
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi north of Albany
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1942 hour 3:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 25 1942 to Feb 28 1942
that I last saw him alive on Feb 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic glomerular nephritis
Nephro-lithiasis
Due to Hydronephrosis } right } ?
Nephrosis }
Due to uremia acute } terminal
Other conditions: Hypostatic pneumonia
(Include pregnancy, (Within months of death) Pulmonary edema
Major findings: _____
Of operations: _____
Of autopsy as above 134a

Duration

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)
(c) Means of injury D

23. Signature S. F. Leno M. D. (M. D. or other)
Address St Joseph, Mo. Date signed 3-28-42

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

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 2-28-4

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

Signed Wm. G. Summers

Licensed Embalmer No. 3007

P. O. Address 314 1/2 19th Ave. N. Minneapolis

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.