. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41185

State File No. 5181

FILED DEC 22 1943

Registration District No. 22 1949

Primary Registration District No. 1602

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph O

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 mo (Specify whether years, months or days)

In this community: 1 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy 40

(c) City or town: Trenton 9

(If outside city or town limits, write "RURAL")

(d) Street No.: 1310 Cedar

(If rural, give location)

(e) Citizen of foreign country? (Yes or No): /

If yes, name country:

3. (a) PRINT FULL NAME: Geraldine Ruth Mundy Mundy

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Fe

5. Color or race: W

6. (a) Single, widowed, married, divorced: O Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Oct (Month) 13 (Day) 1942 (Year)

8. AGE: Years 1 Months 1 Days 24 If less than one day: hr. min.

9. Birthplace: Trenton (City, town, or county) Mo O (State or foreign country)

10. Usual occupation: Child

11. Industry or business:

FATHER 12. Name: Gerald Mundy

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

MOTHER 14. Maiden name: Ruth R Hart

15. Birthplace: Appleton City (City, town, or county) Mo O (State or foreign country)

16. (a) Informant: Gerald W. Mundy

(b) Address: 1310 Ced Trenton Mo

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Dec 8 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Trenton Mo

18. (a) Signature of funeral director: Mrs C E Fowler

(b) Address: 718 Brooklyn

19. (a) 12-8-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December Day: 7th year: 1943 hour: 10 minute: 10 P.M.

21. I hereby certify that I attended the deceased from 11-7, 1943 to 12-7, 1943 that I last saw h. alive on 12-7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3-4 mos
fungus (monilia) infection lungs	?
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: George V Herrman (M. D. or other)

Address: 1107 Bryant Bldg Date signed: 12/8/43

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address: Kansas City, 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.