

FILED FEB 14 1944

Primary Registration District No. 3044

Registrar's No. _____

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town ELDON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South Eldon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) South Eldon
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EMMA JUNOD
3. (b) If veteran, name war NONE 3. (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 Nov. 7, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace High Point Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Household

11. Industry or business "

MOTHER FATHER { 12. Name James Junod
13. Birthplace unknown Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Reynolds
15. Birthplace High Point Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Susie Junod

(b) Address Eldon Mo.

17. (a) Burial (b) Date thereof 1-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denny Cem.

18. (a) Signature of funeral director Keith M. Payne

(b) Address Eldon Mo.

19. (a) Jan 22-44 (b) J. D. W. Walker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 20
year 1944 hour 10 minute 05 PM

21. I hereby certify that I attended the deceased from Jan 4, 1944 to 1/20, 1944
that I last saw her alive on 1/20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. Duration ?

Due to _____

Due to _____

Other conditions 13 fl
(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 0

23. Signature A. D. W. Walker (M. D. _____)

Address Eldon Mo. Date signed 1/21/44

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

RECEIVED

Miller County Health Dep't.

County File Number 44-19

Date Filed 1-7-44

MAR 6 1944

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 Keith M. Hays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.