

FILED SEP 20 1944
 Registration District No. **307**

Primary Registration District No. **6036**

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

1. PLACE OF DEATH:
 (a) County Ripley
 (b) City or town Shirley (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: at home - Rural (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
 In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ripley
 (c) City or town Shirley (If outside city or town limits, write "RURAL")
 (d) Street No. Rural (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country USA

3. (a) PRINT FULL NAME Mary Amelia Lundin
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28 year 1944, hour 4: minute 00 P. M.
 21. I hereby certify that I attended the deceased from 1-1-1944 to 6-28-1944 that I last saw her alive on 6-20-1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 11 - 1864 (Month) (Day) (Year)

Immediate cause of death Endocarditis associated with a brain hemorrhage in Jan. 1944.
 Due to Arterial Sclerosis
 Due to _____

8. AGE: Years 79 Months 8 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Milan Illinois (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

MOTHER FATHER
 11. Industry or business at home
 12. Name George Carrier
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name Richardson
 15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. V. Lundin
 (b) Address Du Pont, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-44 (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Ridge - Local
 18. (a) Signature of funeral director E. B. Johnston
 (b) Address Du Pont, Mo.
 19. (a) 7-15-44 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature J. Edw. Idanson (M. D. or other)
 Address Du Pont, Mo. Date signed 6-29-44

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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

J. E. Jordan

.....
Licensed Embalmer No. *3290*

P. O. Address *Douglas*

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.

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