

FILED MAY 14 1945
294

Registration District No. _____

Primary Registration District No. 3056

Registrar's No. 71

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Maglena Rogers Munday

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.M. Munday 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April 12 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER, FATHER {

12. Name Fountain Rodgers
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ursula Higdon
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. R.M. Munday
(b) Address Clifton Hill, Missouri

17. (a) burial (b) Date thereof 4/17/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Tony B. Patton

(b) Address Huntsville, Mo

19. (a) 4-19-45 (b) Irma Havel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1945 hour 6:15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 3, 1945, to April 15, 1945;
that I last saw her alive on April 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis

Due to _____
Due to _____
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Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations Acute suppurative appendicitis
Of autopsy _____

Duration Several days

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 _____

23. Signature R.D. Streetor (M. D. or other) M.D.
Address Moberly, Mo Date signed 4-19-45

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

RECEIVED

District Health Officer No. 10

District File Number 5-45-796

Date Filed MAY 10 1945

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

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.