

FILED MAR 18 1946

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs
(Specify whether
In this community 57 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wy. 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4038 Silver 0
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Della Mundell

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married. Widow 2

6. (b) Name of husband or wife George Mundell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 12, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Hays
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Julia Sain
15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

16. Informant Leona Perry
Address 2802 Ruby

17. (a) Burial (b) Date thereof 3-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director W. S. ...
(b) Address N. ...

19. (a) 3-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 46 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 6 1946
that I last saw her alive on 3/7/46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction
Coronary Arteriosclerosis 10 yrs

Due to Myocardial Infarction
disease

Due to _____
Other conditions (Include pregnancy within 3 months of death) 930

Major findings: _____
Of operations _____
Of autopsy as above

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 J. P. ... (M. D. or other) _____
Address ... Date signed 3/10/46

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

8006

2

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.....

Licensed Embalmer No.....

P. O. Address.....

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.