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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10421

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 34

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

9341

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: Waynesville General Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85

(c) City or town Hancock 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Ida Mae Rundell

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 4

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

7. Birth date of deceased February 1, 1881 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Martin O. Mitchell
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Isaphene Porter
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Grover Mitchell
(b) Address Hancock, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
(b) Address Dixon, Mo.

19. (a) 4-9-46 (Date received local registrar) (b) Louise B McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. 7, day ..... year 1946 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan. 21, 1946 to Mar. 7, 1946 that I last saw her alive on Mar. 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer, Pancreas, head with metastases to liver, gal bladder & lungs

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Cancer of Pancreas, liver, gal bladder & lungs

Duration 8 Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 C. Wallette (M. D. or other) 0

Address Crocker, Mo. Date signed 4-7-46

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(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 .....

March 7, 1946, Registered Apprentice No. .....,

working under my personal supervision.

Signed Fred H Clements

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.