

FILED MAY 29 1946

State File No. _____

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 407

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield RURAL - S. CAMPBELL TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clark Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo, 9 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laney
(c) City or town Bronson
(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 May day 11
year 1946 hour 28 minute 50 a.m.
21. I hereby certify that I attended the deceased from 4-2-46
to 5-11-46
that I last saw her ER live on 5-10-46
and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis
Duration _____

Due to Ruptured appendix
Due to _____

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

Major findings: As above - Ruptured appendix
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 _____

23. Signature R.A. Michael, M.D.
Address Springfield, Mo. signed 5-11-46

3. (a) PRINT FULL NAME Mabel Elvina Wallenbunn

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 married

6. (b) Name of husband or wife Alfred Wallenbunn 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 16, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace Anapa, Neb. Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Wolfebanning

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Husband, Alfred Wallenbunn

(b) Address Bronson, Mo.

17. (a) Burial (b) Date thereof 5-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bronson, Mo.

18. (a) Signature of funeral director A.O.W. Delahel

(b) Address Bronson, Mo.

19. (a) 5-13-46 (b) W. H. Standley
(Date received local registrar) (Registrar) signature

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

15-2-38

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JUN 3 1997

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 *Minnie L. Wheelchel*

Licensed Embalmer No. *2277*

P. O. Address *Branson m*

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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