S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 24019

FILED JUL 16 1946

Registration District No. 156 — Primary Registration District No. 2001 — Registrar's No.

**1. PLACE OF DEATH:**
(a) County: Jasper
(b) City or town: Joplin, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)
In this community 5 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Jasper
(c) City or town: Carl Junction (If outside city or town limits, write "RURAL")
(d) Street No. 316 E Pennell (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EDITH ANNABEL LUNDIEN
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Roy Lundien
6. (c) Age of husband or wife if alive: 32 years
7. Birth date of deceased: Jan 11 (Month) 1922 (Day) (Year)

8. AGE: Years 24 | Months 4 | Days 20 | If less than one day ___ hr. ___ min.
9. Birthplace: Rural Welch (City, town, or county) Okla (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Earl Sylvester Riley
13. Birthplace: Calhoun (City, town, or county) Ark (State or foreign country)
14. Maiden name: Daisy Mae Riley
15. Birthplace: Minden (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Daisy Mae Riley
(b) Address: Welch Okla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Carl Junction, Mo
18. (a) Signature of funeral director: Dodo Loney
(b) Address: Carl Junction, Mo
19. (a) 6-10-46 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month I day June year 46 hour ___ minute ___ M.
21. I hereby certify that I attended the deceased from May 13 1946 to June 1 1946 19___; that I last saw her alive on June 1 1946 19___; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Mesenteric thrombosis | 2 days |
| Due to: gangerous appendix, | |
| Due to: appendectomy, | 5/13/46 |
| Other conditions (Include pregnancy within 3 months of death): five months pregnant | — |
| Major findings: Of operations: Gangerous appendix | PHYSICIAN |
| Of autopsy: | Underline the cause to which death should be charged statistically. |

12/12

22. If death was due to external causes, fill in the following: no
(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 [signature] (M. D. or other)
Address Joplin Mo Date signed 6/4/46

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(Licensed Embalmer's Statement on Reverse Side)

46-6-526

## 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**