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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28070**

FILED SEP 10 1946

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 179

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:
210 So 5th St /
(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 Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 210 So 5th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Cundiff

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 Warren Cundiff

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

7. Birth date of deceased: Dec 3rd 1878
(Month) (Day) (Year)

8. AGE:

Years 67 Months 8 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace:

(City, town, or county) Mo
(State or foreign country)

10. Usual occupation

At home

11. Industry or business

MOTHER FATHER

12. Name Thomas Carmody

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

14. Maiden name Bridget Ryan

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

16. (a) Informant Warren Cundiff

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug 31st 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Maher and Son

(b) Address Moberly Mo

19. (a) Aug 29-46 (b) Leah Williams Pove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29th
year 1946 hour 3 minute a M.

21. I hereby certify that I attended the deceased from 20 Aug
1946 to 29 Aug 1946
that I last saw her... alive on 28 Aug 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Chronic Myocarditis 18 yrs.
and Cholelithiasis 18 yrs.
Due to _____

Other conditions Pericarditis Arteriosclerotic 75 yrs
(Include pregnancy within 3 months of death)

Duration
Physician
Underline the cause to which death should be charged statistically.

Major findings:

Of operations _____
Of autopsy 90

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 5

23. Signature Wm H. Hume (M. D. _____)
Address Moberly Mo Date signed 30 Aug 46

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

RECEIVED
District Health Officer No.
District File Number 9-46-26
Date Filed SEP 7 - 1941

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.