

**FILED** OCT 24 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 386

1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Kirkville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Laughlin Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 hours  
(Specify whether In this community years, months or days) 8 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
 (c) City or town Kirkville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 915 S. Franklin  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sandra Kay McCune

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

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

7. Birth date of deceased: October 7 1946  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 8 hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James McCune  
 { 13. Birthplace Kirkville, Missouri  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Rosalie Damron  
 { 15. Birthplace Kirkville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James McCune

(b) Address Kirkville, Missouri

17. (a) Burial (b) Date thereof 10/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills Cemetery

18. (a) Signature of funeral director D. R. Riley

(b) Address Kirkville, Missouri

19. (a) 10-12-46 (b) Wate Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8  
 year 1946 hour 8:30 minute A: M.

21. I hereby certify that I attended the deceased from Oct 7  
1946, to Oct 8, 1946  
 that I last saw her alive on Oct 8, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 161A  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 2

23. Signature Mildred Lufkin (M. D. or other) MD  
 Address Kirkville, Mo. Date signed 10-9-46

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

RECEIVED  
District Health Officer No. 10  
District File Number 46-1957  
Date Filed OCT 23 1946

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..... *D. E. Riley* .....

Licensed Embalmer No. *4181* .....

P. O. Address..... *Kirkville 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.