S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7725

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 64

1. PLACE OF DEATH:

(a) County: Adair
(b) City or town: Kirksville, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether
In this community: 64 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Macon 61
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Alta Mabis
3. (b) If veteran, name war: X
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~: 1
6. (b) Name of husband ~~or wife~~: William Mabis
6. (c) Age of husband ~~or wife~~ if alive: 58 years
7. Birth date of deceased: Feb. (Month) 15 (Day) 1883 (Year)

8. AGE: Years 64 | Months 0 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace: Adair Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER
12. Name: Chas. F. Bundy
13. Birthplace: Salem (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name: Sarah Matilda Crawford
15. Birthplace: Adair Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Annabelle Crawford
(b) Address: La Plata, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: LaPlata Mo
18. (a) Signature of funeral director: D. A. Christie
(b) Address: LaPlata, Mo
19. (a) 3-11-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9th year 1947 hour 2:00 minute a M.
21. I hereby certify that I attended the deceased from 2/22/47, 19__, to Mar 9, 1947 that I last saw her alive on Mar 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 93D	
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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: J. P. Kimp (M. D. or other)
Address: Kirksville, Mo. Date signed: 3/18/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 3-47-512
Date Filed MAR 18 1947

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. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.