

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Lewis
 (b) City or town CANTON
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community ENTIRE LIFE

3. (a) PRINT FULL NAME EMELINE MUNDAY
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

4. Sex Fem 5. Color or race White
 6. (a) Single, widowed, married, divorced SINGLE
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased JUNE 15 1887
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 25
 If less than one day _____ hr. _____ min.

9. Birthplace CANTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business _____

MOTHER FATHER
 12. Name PETTY MUNDAY
 13. Birthplace Lewis Co. Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name CATHERINE LYON
 15. Birthplace Lewis Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Belle MUNDAY
 (b) Address CANTON Mo.

17. (a) Burial (b) Date thereof 4/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANTON Mo.
 18. (a) Signature of funeral director W. B. Deason
 (b) Address CANTON Mo.

19. (a) 4/20/47 (b) W. Deason
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
 (c) City or town CANTON
(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 Apr, day 10
 year 1947 hour 3 minute 30 A.M.
 21. I hereby certify that I attended the deceased from April 6, 1947
 _____, 19____, to April 10, 19____
 that I last saw her alive on April 10, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Toxemia
 Duration 1 wk.

Due to _____

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____
 132

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? 2

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature W. B. Deason (M. D. or other) DO.
 Address CANTON Mo. Date signed 4/12/47

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

6

RECEIVED
District Health Officer No. 10
District File Number 4-47-123
Filed APR. 28 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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Centon, 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.