S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33766

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1272

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3515 Penn 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 3 weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38
(a) State Missouri (b) County Gentry
(c) City or town Albany (If outside city or town limits, write "RURAL") 1
(d) Street No. Not given (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charles Fredric Rund
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Jennie Elizabeth Rund
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March (Month) 30 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
1	74	6	23	hr. min.

9. Birthplace Albany (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name John F. Rund
13. Birthplace Gentry County (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Nancy Jane Parks
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country) 1
16. (a) Informant Mrs. Jennie E. Rund
(b) Address Albany, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation Albany, Missouri
18. (a) Signature of funeral director Heaton Bowman
(b) Address St. Joseph, Mo.
19. (a) 10-28-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 24-7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23 year 1947 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10/6/47 ....., 19....., to Oct 23 1947 that I last saw him alive on Oct. 16 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage from Kidney	6 wks.
Due to Carcinoma of Rt Kidney	
Due to	
Other conditions (Include pregnancy within 3 months of death) 5 J.K.	
Major findings: Of operations no operation	
Of autopsy none	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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. G. Thompson (M. D. ~~or other~~)
Address 825 Charles St Joseph Date signed 10/24/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 2 1948

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 James B. Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.