

FILED JAN 29 1948

Registration District No. 3

Primary Registration District No. 3007

State File No. _____

Registrar's No. 19

1. PLACE OF DEATH:
(a) County... Butler
(b) City or town... Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 3 days (Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town... Malden (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 _____

3. (a) PRINT FULL NAME Virginia Mungle
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 7th year 1948 hour 10:00p.m. minute 10:00p.m.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elvis Mungle
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased February 17 1920
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 - 1948 to Jan 7 - 1948 that I last saw her alive on Jan 7 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 26 Months 10 Days 20 If less than one day hr. _____ min. _____

Immediate cause of death: Pulmonary edema Duration 3 days
Eclampsia 4 days
Pregnancy 9 mo

9. Birthplace unknown Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

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

MOTHER FATHER
11. Industry or business _____
12. Name Grover E. Walters
13. Birthplace unknown Missouri (City, town, or county) (State or foreign country)
14. Maiden name Anna Beck
15. Birthplace unknown Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 144
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Dana Hooser
(b) Address Malden Mo.
17. (a) Burial (b) Date thereof 1-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, Malden Mo.
18. (a) Signature of funeral director Lester Funeral Home
(b) Address Campbell Missouri
19. (a) 1-21-48 (b) R. W. Murrell
(Date received local registrar) (Registrar's signature)

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 _____
Signature R. W. Murrell (M. D. or other) _____
Address Poplar Bluff Mo. Date signed 1/13/48

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

RECEIVED

District Health Office No. 2,

District File Number 148-144

Date Filed 1-26-48

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.

Registration District No. *43*

Primary Registration District No. *3007*

Registrar's No. *19*

1. PLACE OF DEATH:

(a) County *Butler*

(b) City or town *Paplar Bluff*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME *Virginia Mungle*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *W*

6. (a) Single, widowed, married, divorced *m*

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

7. Birth date of deceased *7-1-1918*
(Month) (Day) (Year)

8. AGE: Years *26* Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) *MO*

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year *1948* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to *delivery* _____

Due to _____

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

Major findings: 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 _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

duration

7 days

OK

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

25
45
3880

358
1-2
19

J-358

11. 1940
K. 1940