

FILED FEB 20 1948

Registration District No. **324**

Primary Registration District No. **6093**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **Saline**
 (b) City or town **Marshall Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State School 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 yrs 5 mo 11 days**
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**
 (c) City or town **Joplin 2**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1705 - Grand 5**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Bernice McCune

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 **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **9 - 30 - 23**
(Month) (Day) (Year)

8. AGE: Years **24** Months **4** Days **6** If less than one day
 hr. _____ min. _____

9. Birthplace **Joplin 1 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **Charles F McCune**
 13. Birthplace **Salina Kansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Helen Kakman**
 15. Birthplace **Ceregh Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **No State School records**
 (b) Address **Marshall Missouri**

17. (a) **Removal** (b) Date thereof **2-7-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glendale - Calif.**

18. (a) Signature of funeral director **Campbell - Reiss**
 (b) Address **Marshall - Mo**

19. (a) **Feb. 7-1948** (b) **Edw. T. Gray**
(Date received local registrar) (Registrar's signature) & Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **16**
 year **1948** hour **11:20** minute _____ A. M.
 21. I hereby certify that I attended the deceased from **Feb 5**
 _____, 19**48**, to **Feb 6**, 19**48**.
 that I last saw her alive on **Feb 6**, 19**48**.
 and that death occurred on the date and hour stated above.
 Immediate cause of death **acute myocarditis** Duration _____

Due to _____
 Due to **934**
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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? _____

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

23. Signature **R. J. Kelly** (M. B. or other) _____
 Address **Marshall - Mo** Date signed **2/16/48**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number 5-19-48

Date Filed _____

FEB 20 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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.