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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 22 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5466

State File No. 12255
Registrar's No. 266

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr, 1 mo, 11 days (Specify whether
In this community 1 yr, 1 mo, 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Ramsey 999
(c) City or town St. Paul 21
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Tom UNDERWOOD #6054-H
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 11
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 12 (Day) 1891 (Year)

8. AGE: Years 56 Months 9 Days 17 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Kentucky 1 (State or foreign country)
10. Usual occupation Auto mechanic
11. Industry or business

FATHER
12. Name Jack Underwood
13. Birthplace ? (City, town, or county) U.S.A. 1 (State or foreign country)

MOTHER
14. Maiden name Mollie (Gilkey) Underwood
15. Birthplace ? (City, town, or county) U.S.A. 1 (State or foreign country)

16. (a) Informant File
(b) Address MCFP
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St Paul. Minnesota.
18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.
19. (a) 3-29-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1948 hour 10 minute 15 A.M.
21. I hereby certify that the medical staff attended the deceased from February 18, 1947, to March 29, 1948; that they last saw him alive on March 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Terminal uremia complicated by hypostatic pneumonia following gastro-intestinal hemorrhage.

Duration: Approx. 7 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

123

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 M. J. Pesin (M. D. XXXX)
Address Medical Center Fed. Pris. Date signed 3-29-48

(Licensed Embalmer's Statement on Reverse Side)

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.....Ralph H. Thieme.....

Licensed Embalmer No....3681.....

P. O. Address.....Springfield, 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.