

No. 2
5-43
17-39
X36671

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20422**

FILED JUL 6 1948

Registration District No. **290** Primary Registration District No. **4427** Registrar's No. **79**

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

1. PLACE OF DEATH:

(a) County Oulaski

(b) City or town Waynesville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Waynesville Mem. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days in Hosp.
(Specify whether years, months or days)

In this community 2 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 21
(If outside city or town limits, write "RURAL")

(d) Street No. Trane Lodge Motor Court 7
(If rural, give location)

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

3. (a) PRINT FULL NAME Jessie Maude Mundis

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased December 20 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

42 07 5 hr. min.

9. Birthplace Olethmont Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business _____

12. Name Arman W. Dickerson

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

14. Maiden name ora May Beckwith

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

16. (a) Informant Mason Dean Dickerson

(b) Address Oklahoma City, Oklahoma

17. (a) REMOVAL (b) Date thereof 6-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TULSA OKIA

18. (a) Signature of funeral director NULL & SON F. H.

(b) Address Rolla Missouri

19. (a) 7-1-48 (b) Shelma C. Buckholz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1948 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 21
1948 to June 24, 1948
that I last saw her alive on June 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Carcinoma of uterus with involvement of neck of bladder. 6 months?

Due to _____

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

Major findings: Of operations 4/8/48

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? 0

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

23. Signature James M. Myers (M. D. or other) M.D.

Address Oleth Bldg, Rolla Mo. Date signed June 25, 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..... *Paul E. Mull*.....
..... Licensed Embalmer No. *4498*.....
..... P. O. Address: *Rolla, 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.