FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 16 1948
Registration District No. 212

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23590

Primary Registration District No. 3044

Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 923 E. North (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Miller 66
(c) City or town: Eldon (If outside city or town limits, write "RURAL") 0
(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: Miss Susie Junod
3. (b) If veteran, name war: None
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: — None
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: November (Month) 16 (Day) 1870 (Year)

8. AGE: Years 75 | Months 7 | Days 13 | If less than one day — hr. — min.

9. Birthplace: High Point (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housekeeping
11. Industry or business: — —
FATHER
12. Name: James Junod
13. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Rebecca Reynolds
15. Birthplace: Moniteau-Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Elbert Henderson
(b) Address: Eldon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Denny Cem.
18. (a) Signature of funeral director: [signature]
(b) Address: Eldon Mo
19. (a) 7-1-48 (Date received local registrar) (b) Alverretta Waltz (Registrar's signature) 1920

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from Jan 1946, to June 29, 1948; that I last saw her alive on June 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	2
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(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
23. Signature: G. D. Waltz (M. D. or other)
Address: Eldon Mo Date signed 6/24/48

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed JUL 15 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 Keith M Kayse

Licensed Embalmer No. 3998

P. O. Address Eldon 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.