

FILED SEP 11 1942

Registration District No. 316

Primary Registration District No. 6175

Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:  
State Hospital No. 42 Employee  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 2-9-42  
remained most of time until death  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County St. Francois

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

(d) Street No. Hickory St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT NAME FULL NAME MARY LOUISA WUNNING

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

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 25, 1882 (Day) (Year)

7. Birth date of deceased: January 25, 1882 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	6	15	hr. min.

9. Birthplace: Ste. Genevieve Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Night Attendant - St. Hosp. #4

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frederick Wunning

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

14. Maiden name Louise Grauch

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

16. (a) Informant Charles Wunning, Farmington, Mo  
(b) Address and State Hosp. #4, Records, Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem., Farmington, Mo.

18. (a) Signature of funeral director J. S. Boyer & Son

(b) Address Leadwood, Mo.

19. (a) Aug. 15, 1942 (Date registered local registrar) (b) Byrdie Bukhmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1942 hour 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from about 1932 19\_\_ to Aug 10 - 1942

that I last saw her alive on Aug 10 - 42 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic Recurrent subacute (Phenothiazine poisoning) type (last about 1-3 weeks to date)  
Due to terminal paralytic ileus 5 days and cardiac decompensation

Other conditions (Include pregnancy within 3 months of death):  
Chronic Recurrent arthritis, General atherosclerosis, Pulmonary Tuberculosis  
PHYSICIAN: W. H. Johnson  
Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence no

(c) Where did injury occur? no

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

(e) What work? \_\_\_\_\_ (f) Means of injury? \_\_\_\_\_

23. Signature G. TIVIS GRAVES, JR. (M. D. or other) M.D.

Address Farmington, Mo. Date signed 8-10-42

RECEIVED

District Health Officer No. 4

District File Number 943-1105

Date Filed 9-9-42

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood, 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.