

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36127

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2104

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 8/25/41
(Specify whether

In this community Since 8/25/41
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25

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

(d) Street No. 612 N. Main St.
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Orval Dee McMunn

3. (b) If veteran, name war World War

3. (c) Social Security No. 492-16-6028

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th,
year 1941 hour 11:20 minute 9 A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lylesta 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 7 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 25, 1941 to October 14, 1941
that I last saw him alive on October 14, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>7</u>	hr. min.

Immediate cause of death Tumor, malignant, right hip, post-operative, with intra-thoracic and intra-cranial metastases.

Due to Unknown

Due to Unknown

9. Birthplace Kennett Missouri
(City, town, or county) (State or foreign country)

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business Farming

Major findings: Of operations -

Of autopsy No autopsy.

PHYSICIAN 55

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James McMunn

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

14. Maiden name Danie Ingram

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

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence

(c) Where did injury occur? While at work?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Clara Selozzy

(b) Address Actg. Clinical Clerk, VAF, Jeff. Bk. Mo.

17. (a) Removal (b) Date thereof 10/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge, Mo.

23. Signature R. W. GOOD, M.D. (M. D. or other)

Address Acting Chief Medical Officer signed 10/15/41

18. (a) Signature of funeral director Albert H. Honpe

(b) Address 4700 Washington Ave.

19. (a) OCT 16 1941 (b) R. W. Good
(Date received local registrar) (Registrar's signature)

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

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 Guy W. Wilkins

Licensed Embalmer No. 3575

P. O. Address.....

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.