

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. ....

11  
1  
7  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo Meth Hosp O  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. Mo Meth Hosp 7  
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Girl Lamunda

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1942 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from Aug 23 1942, to Aug 24 1942,  
that I last saw her alive on Aug 23 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Aug 23 42  
(Month) (Day) (Year)

Immediate cause of death Fetal Alelectasis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 16/a

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 22 hr. \_\_\_\_\_ min.

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

10. Usual occupation Baby

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

MOTHER FATHER

12. Name Joseph J. Lamunda

13. Birthplace Schenactady New York  
(City, town, or county) (State or foreign country)

14. Maiden name Emely Brady

15. Birthplace Bonita La. 1  
(City, town or county) (State or foreign country)

16. (a) Informant Jeuit Joseph Lamunda

(b) Address 521 N 7th Street Mo

17. (a) Burial (b) Date thereof Aug 24 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn

18. (a) Signature of funeral director Heeman & Son Inc

(b) Address St Joseph Missouri

19. (a) 8-24-42 (b) Alce Henry  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (Means of injury)

While at work? \_\_\_\_\_

23. Signature E. E. Wadlow (M. D. or other) \_\_\_\_\_  
Address 620 Franklin Date signed 8-24-42

1123

**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.....  
*Aug 24 42*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*John H. Hurley*.....  
Licensed Embalmer No. *4050*.....  
P. O. Address.....*St Joseph 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.**