

**FILED** **SEP 22 1944**  
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **731**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Citizens Bank Bldg.**  
(If not in hospital or institution, write street number and name) **220 E. Com'l**  
(d) Length of stay: In hospital or institution **3 Days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1842 E. Central**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **No**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8**  
year **1944** hour **5** minute **35** p.a.m.

21. I hereby certify that I attended the deceased from **no physician in attendance**  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

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

Other conditions (Include pregnancy within 3 months of death) **gpa**

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

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? \_\_\_\_\_

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

23. Signature **James C. Stone** (M. D. or other) **3**  
Address **Springfield, Mo.** Date signed **9-9-44**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Francis J. Mumaugh**

3. (b) If veteran, name was **World War # 1** 3. (c) Social Security No. **496-05-3459**

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

6. (b) Name of husband or wife **Thursy Mumaugh** 6. (c) Age of husband or wife if alive **UNK.** years

7. Birth date of deceased **July 17 1900**  
(Month) (Day) (Year)

8. AGE: Years **44** Months **1** Days **21** If less than one day hr. min.

9. Birthplace **Peru Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Pipe Fitter**

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

12. Name **Francis J. Mumaugh**

13. Birthplace **Peru Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Agestine UNK.**

15. Birthplace **Peru Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. J. Mumaugh**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 11, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **H. H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **9-11-44** (b) **B. W. Handley**  
(Date received local registrar) (Registrar's signature)

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

9  
2  
6

OCT 26 1944

OCT 6 1944  
130

SEP 28 1944

**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 *Walter E. Hamiller*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.**