

S. No. 2  
 1-9-4-1  
 5-17-39  
 P-1 X29484

31578

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

**FILED** SEP 27 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. 333 Primary Registration District No. 3091

1. PLACE OF DEATH:  
 (a) County Scott  
 (b) City or town Sikeston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Sikeston General  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)  
 In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County New Madrid  
 (c) City or town Morehouse  
 (If outside city or town limits, write "RURAL")  
 (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 Leroy Mundy  
 3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 9 24 1931  
 (Month) (Day) (Year)

8. AGE: Years 13 Months 11 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Stoddard Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation School Boy

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

MOTHER FATHER { 12. Name J. A. Mundy  
 13. Birthplace Hamilton Co. Ill.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bessie Ethel Acord  
 15. Birthplace Hamilton Co. Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant J. A. Mundy  
 (b) Address Kokomo, Ind. 725 So. Bell

17. (a) Burial (b) Date thereof 9/4/45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Essex, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 9/25/45 (b) Miss J. Henry  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 9 day 2  
 year 1945 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 8-15 to 9-2 1945  
 that I last saw him alive on 9-2 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death ruptured appendix  
 Duration 2 weeks

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

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

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

Major findings: 12/11  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN  
 \_\_\_\_\_  
 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Dr. J. S. Jones (M. D. or other)  
 Address Morehouse, Mo. Date signed 9-14-45

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

20  
5  
2

1494

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2;

District File Number 945-304

Date Filed 9-26-45

OCT 31 1945

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  
Embalmed Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John Allenton

Licensed Embalmer No. 4210

P.O. Address Sikeston, 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.