

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1330
 64

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution M.C. Restaurant 3240 Northside
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 mo
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Frank G. Mundy

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 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 None years
 7. Birth date of deceased Sept 14 1880
 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 20 If less than one day hr. min.

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

10. Usual occupation General labor

11. Industry or business Miscellaneous

12. Name James P. Mundy
 13. Birthplace White Church Kansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Ada H. Helbert
 15. Birthplace Weston Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Magee

(b) Address Parkville Mo

17. (a) Buried (b) Date thereof Jan 7 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director Edward G. Francis

(b) Address Parkville Mo

19. (a) 1-6-45 (b) T. E. Brown (VS)
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. various addresses none regular
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
 year 1945 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1 in 41 to Jan 4 1945
 that I last saw him alive on Jan 2 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 48 hrs
Hemiplegia
 Due to Bilateral Basal ganglia

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108
 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) Means of injury
 23. Signature John P. Henry (M. D. or other) Do
 Address 2105 Independence Date signed 1-9-45

3240. hardside
M.E. Reataum

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 me.

....., Registered Apprentice No.
working under my personal supervision.

Signed Leland H. Finney

Licensed Embalmer No. 3451

P. O. Address Parkville 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.