No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 18 1941

Registration District No. 908

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4524

State File No. 39791

Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mt. Grove Mo Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital ~~or institution~~: Ryan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Wright 114
(c) City or town Mt. Grove 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Roy Fred Mungesser
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 11 (Month) 5 (Day) 1941 (Year)

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

9. Birthplace Mt. Grove, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name Fred Mungesser
13. Birthplace Okla. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Capps
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Fred Mungesser
(b) Address Mt. Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pleasant Hill Cemetery
18. (a) Signature of funeral director George Stapp
(b) Address Mt. Grove Mo
19. (a) 12-8-41 (Date received local registrar) (b) Bernice Montgomery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16 year 1941 hour 11 minute 40 P. M.
21. I hereby certify that I attended the deceased from 11/14 – 1941, to 11/16 – 1941; that I last saw him alive on 11/14 – 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 420	

Major findings:
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 .....
23. Signature R. Affleck (M. D. ~~or other~~)
Address Mt. Grove Date signed 12-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1241-1863
Date Filed DEC 15 1941

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 [signature]

Licensed Embalmer No. 3161

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.