

5. No. 2
1-8-43
5-17-39
1 X 7823

FILED NOV 5 1944

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 323

1. PLACE OF DEATH:

(a) County... Cape Girardeau

(b) City or town... Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo. (b) County... Perry

(c) City or town... Perryville
(If outside city or town limits, write "RURAL")

(d) Street No. 111 W. St. Joseph St.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Bigel Junk

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-18-789

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month 10 day 1
year 44 hour 8 minute 40 P.M.

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

6. (b) Name of husband or wife... Cather Knuckles 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased... July 8, 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-1 1944 to 10-1 1944
that I last saw him alive on 10-1 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
40 2 23 hr. min.

Immediate cause of death... Menigitis Epidemic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Trucker

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name William Junk

13. Birthplace Iron County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Pennington

15. Birthplace Reynolds County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cather Junk
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 10-4-1944
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Truman Cem. Annapolis, Mo.

18. (a) Signature of funeral director Bay Funeral Home
(b) Address Perryville Mo.

19. (a) 10-4-44 (b) G. W. Phelps
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) MD
Address [Signature] Date signed 10/1/44

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

0112

RECEIVED

District Health Officer No. H

District File Number 1044-4462

Date Filed 10-30-44

JUL 19 1944

NOV 3 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 Albert Bey
Licensed Embalmer No. 3866
P. O. Address Jerryville, 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.

Handwritten signature/initials

114-4-0