FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42185

Primary Registration District No. 6115

Registrar's No. 49

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Near Sikeston Richland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(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: —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Ill. (b) County: Cook

(c) City or town: Hillside, Ill.
(If outside city or town limits, write "RURAL")

(d) Street No.: 34 Irving Ave.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: —

999
11
0

3. (a) PRINT FULL NAME: John A Munfield

3. (b) If veteran, name war: WW-11

3. (c) Social Security No.: 318-01-9442

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Estelle Munfield

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: February (Month) 23 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	5	3	hr. min.

9. Birthplace: Bolton, England (City, town, or county) (State or foreign country) U

10. Usual occupation: Production Mngr.

11. Industry or business: Advertising

FATHER
12. Name: John A. Munfield Sr.
13. Birthplace: England (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Emily Allinson
15. Birthplace: England (City, town, or county) (State or foreign country) 4

16. (a) Informant: John A. Munfield Sr.,
(b) Address: Ceder Lake, Indiana.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Evergreen Memoral Park

18. (a) Signature of funeral director: Sobiesk Funeral Home
(b) Address: Chicago, Ill

19. (a) 12-17-48 (Date received local registrar) (b) Mrs. J. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th. year 1948 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from After Death, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Airplaen Crash, Body completely Mutulated.	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 73.8 73.34
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ACCIDENT 100

(b) Date of occurrence: 26 NOVEMBER 1948

(c) Where did injury occur? SIKESTON (City or town) Scott (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (FARM) 1 MILE E. OF SIKESTON (Specify type of place)

While at work? (e) Means of injury: AIRPLANE CRASH

23. Signature: Orville Taylor Coroner (Coroner or other)

Address: Sikeston, Mo Date signed 11-28-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1248: 1695
Date Filed 12-30-48

DEC 27 1948

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 J. E. McMillin, Registered Apprentice No. 251 working under my personal supervision.

Signed James Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, 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.