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REC'D FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4113

Registration District No. W-75

Primary Registration District No. 6020-a

Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County St. Francois

(b) City or town Osborne Terre  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Francois

(c) City or town Osborne Terre 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural 0  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** HOMER EDWARD MUND

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

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

**6. (b) Name of husband or wife** Madine Mund **6. (c) Age of husband or wife if alive** 29 years

**7. Birth date of deceased.** Aug 13 1908  
(Month) (Day) (Year)

**8. AGE:** Years 32 Months 5 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Miner

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

**12. Name** John Edward Mund

**13. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**14. Maiden name** Maie Hopkins

**15. Birthplace** Farmington Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Homer Mund

**(b) Address** Osborne Terre Mo

**17. (a) Burial** (b) Date thereof Jan. 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel

**18. (a) Signature of funeral director** Bertram Hubbs

**(b) Address** 313 Centany Osborne Terre Mo

**19. (a) Jan 27 1941** (b) N. W. Newton  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan day 26  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** Jan - 22 - 1941 to Jan - 26 - 1941  
that I last saw him alive on Jan - 22 - 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis 1 year  
Duration

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

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

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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? 098  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature** A. L. Evans (M. D. or other) D

Address Osborne Terre Mo Date signed 1-27-41

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

MOTHER FATHER

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**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.....

*C. J. Claywell*

Licensed Embalmer No. ....

*3706*

P. O. Address.....

*Bonnet Street*

**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, above space should be left blank.**