RECORD OF FUNERAL

NO. -26

FUNERAL HOME

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO.	REGISTERED NUMBER

DECEASED - Name First: Joyce Middle: Ann Last: Malvin

RESIDENCE Street & Number: 521 SW 14th St. City, Town, Twp, or Road Dist. No.: Willmar Inside City (Yes/No): Yes

State: Minnesota County: Kandiyohi

SEX: Female **DATE OF DEATH** (Month, Day, Year): 12/15/2025 **SOCIAL SECURITY NO.**: 469-40-0121

Kind of Business or Industry: Insurance Usual Occupation: Computer Analyist

RACE – White, Black, American Indian etc. (Specify): White **AGE** – Last Birthday (Yrs.): 89 Under 1 Year: Mos. Days Under 1 Day: Hours Min.

DATE OF BIRTH (Month, Day, Year): 12/12/1936 **PLACE OF DEATH** COUNTY: Kandiyohi

City, Town, Twp. or Road Dist. No.: Willmar Inside City (Yes/No): Yes

HOSPITAL OR OTHER INSTITUTION – Name (if not in either, give street and no.) If Hosp. or Inst. Indicate DOA, OP/ Emer. Rm., Inpatient (specify): Residence

BIRTHPLACE (STATE OR FOREIGN COUNTRY): Minnesota **CITIZEN OF WHAT COUNTRY**: USA ORIGIN OR DESCENT (Ital., Mex., Ger., Eng., Cuban., P.R., etc. – Specify): White

FATHER - Name First: Clifford Middle: D Last: Malvin

MOTHER- Maiden Name First: Elizabeth Middle: E Last: McDermott

Married, Never Married, Widowed, Divorced (Specify): Never Married (If Wife, give Maiden Name)

Was Deceased ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) Yes ☐ No ☑ Unknown ☐

BRANCH OF SERVICE (Army, Air Force, Navy or Marine (Rank) (Regiment, Company or Command)

Enlisted Discharged

Name of War Serial No.

INFORMANT'S NAME: Cathy Malvin Relationship: Niece Phone No.: (320) 522-0847

MAILING ADDRESS (Street and No. or R.F.D. City or Town, State, Zip): PO Box 103, Danube, MN 56230

CAUSE OF DEATH: Coronary Artery Disease **AUTOPSY**: No

PHYSICIAN: Dr. Andrew Hoffman

ADDRESS: Family Practice Medical Center, Willmar, MN 5620 Phone No.

BURIAL, CREMATION, REMOVAL (Specify): Cremation - Family Kept CEMETERY OR CREMATORY -NAME: CMCS

LOCATION City or Town: St. Cloud, MN State Date (Month, Day, Year)

CEMETERY LOT NO. Owner of Lot

Section Grave No.

Burial Permit No.

SURVIVED BY	Relationship
Cathy Malvin	Niece
Johanna Malvin	Sister-in-law

RELIGION

CLERGY Father Ron Huberty

CHURCH Church of St. Mary

FUNERAL DATE Monday December 29, 2025

TIME 10:00 AM PLACE Church of St. Mary

VISITATION Monday, Dec 29th, 2025 at 10:00 AM

FRATERNAL AFFILIATIONS

Pianist: Terry Brunson

St. Mary's Resurrection Choir

BEARERS

FUNERAL DIRECTED BY Lance Peterson License No. M3281

EMBALMER'S LICENSE NO.

SPECIAL REMARKS

Federated Funeral Directors of America, Springfield, Illinois

M-5, R-1

RECORD OF MERCHANDISE

CASKET, Urn: Wilbert Mother of Pearl $150

VAULT,

CLOTHING,

MISC.