

MAR 24 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

6793  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
 (a) County Greene Registration District No. 316  
 (b) Township..... Primary Registration District No. 2001 Registered No. 153  
 (c) City Springfield, Mo. (d) Street No. 927 W. Walnut St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Wesley Munford 5-16  
 (a) Residence, No. 927 W. Walnut St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Nellie Munford (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
✓	83	1	25	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene, Mo.

13. NAME John Wesley Munford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Munfordville, Ky.

15. MAIDEN NAME Fannie Hurst

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs. Anna Munford (Wife)  
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Feb 20 1938

19. FUNERAL DIRECTOR (ADDRESS) Anna Johnson  
Springfield, Mo.

20. FILED Feb 20 1938 Chas. C. Grogan  
Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1938, to Feb. 18, 1938  
 I last saw him alive on Feb. 15, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary artery thrombosis  
Influenza  
 Other contributory causes of importance: 11/18

Name of operation none Date of.....  
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 (Specify whether injury occurred in industry, in home, or in public place.)

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) E. E. [Signature], M. D.  
 (Address) Springfield, Mo.

Date of onset  
2-18-38  
2-15-38

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**