REC'D JUN 17 1938

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

17640
Do not use this space.

1. PLACE OF DEATH
(a) County Bates
(b) Township Osage
(c) City Rich Hill
(d) Street No. ..... 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.

Registration District No. 59
Primary Registration District No. 8005
Registered No. 25

2. PRINT FULL NAME Thomas R. Munkirs 526
(a) Residence, No. Cedar St - Rich Hill St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Munkirs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1857
7. AGE YEARS 80 MONTHS 7 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Aug 1927
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

FATHER
13. NAME Washington Munkirs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Minerva Liggett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Emma Munkirs Rich Hill Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE May 6 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Booths Rich Hill Mo
20. FILED May 6 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to May 4, 1938
I last saw him alive on May 3, 1938 Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Fractured Rt Femur in Hip Joint 1860

Date of onset

Other contributory causes of importance:
Areas of Decubitus
Arteriosclerosis
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 3-1, 1938
Where did injury occur? Rich Hill Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Fell on the street - from
Manner of injury being frightened by
Nature of injury a dog

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

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(Licensed Embalmer's Statement on Reverse Side)

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

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, John G. Underwood, or by

Registered Apprentice No....., working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Rich Hill Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.