REC'D AUG 10 1938

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

26299
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 735
(b) Township Primary Registration District No. 3034 Registered No. 149
(c) City Moberly (d) Street No. 525 So Ault 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 Asa F. Munsell 59
(a) Residence, No. 525 So Ault 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th 1864
7. AGE: YEARS 74 MONTHS 4 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Joseph Munsell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER
15. MAIDEN NAME Elizabeth Harball
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) Mrs Charles Terpenning Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE July 29th 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan Mad Son Moberly Mo
20. FILED July 29th 1938 Ethel [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr. 26 1938, to July 27 - 1938
I last saw him alive on July 26 - 1938. Death is said to have occurred on the date stated above, at 9 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Gastric Carcinoma	3 mo
4 6 1	
Other contributory causes of importance: "Stroke" apoplexy	10 yrs

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) L. E. Huber, M. D.
(Address) Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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.