

REC'D MAY 12 1939

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

14112

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 16  
 (b) Township Rochester Primary Registration District No. 5020 Registered No. 4  
 (c) City \_\_\_\_\_ (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.

2. PRINT FULL NAME Ann Munkers

(a) Residence, No. R.F.D. Savannah Mo. 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 Female 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 Benjamin Munkers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91 I 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Ray County Mo. (STATE OR COUNTRY)

13. NAME Ellis Williams

14. BIRTHPLACE (CITY OR TOWN) Unknown North Carolina (STATE OR COUNTRY)

15. MAIDEN NAME Mary Holeman

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

17. INFORMANT Mrs. Lucy Stout (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 4 16 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit (ADDRESS) Savannah Mo.

20. FILED 4-15 1939 Lora E. Frank Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3 1939 to April 14 1939  
 I last saw her alive on April 4 1939 Death is said to have occurred on the date stated above, at 6/04 p.m.  
 The principal cause of death and related causes of importance were as follows:

Concussion Trauma Date of onset

Other contributory causes of importance: 46

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Physic 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) Walter C. Myers M. D.  
 \_\_\_\_\_ (Address) Savannah Mo.

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.

RECEIVED

District Health Officer No. 11

District File No. 39-473

Date Filed MAY 9 1939

**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,

E. C. Breit

, or by

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

Signed

*E. C. Breit*

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

**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.**