

DEC'D MAY 10 1939

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

14131

Do not use this space.

**1. PLACE OF DEATH**

(a) County Audrain Registration District No. 26  
 (b) Township Salt River Primary Registration District No. 3002  
 (c) City Mexico Mo (d) Street No. 217 E. Vine Registered No. 60  
 (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** Roy D. Munford

(a) Residence, No. 217 E. Vine 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Practical Nurse  
 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) Callaway County, Mo.

FATHER 13. NAME Joseph Munford

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

MOTHER 15. MAIDEN NAME Hattie Seal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery County, Mo.

17. INFORMANT (ADDRESS) Tony Watts  
Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Callaway Co. Mo  
Hickory Church DATE April 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr.  
Mexico, Mo.

20. FILED 4-19-39 Blanche Neely  
Local Registry

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19 .1939

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1939, to April 19, 1939  
 I last saw him alive on April 16, 1939 Death is said to have occurred on the date stated above, at 7 a. m.  
 The principal cause of death and related causes of importance were as follows:

Influenza  
Bronchial Asthma

Date of onset

Other contributory causes of importance:

Old kidney collapsed  
past several years  
result pneumonia top

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, 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) R. E. Williams, M. D.

23 (Address) Mexico Mo

**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, .....

*Chris Amundson*

or by .....

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

Signed

*Chris Amundson*

Licensed Embalmer No. *3569*

P. O. Address

*Milwaukee*

**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.**