FILED MAR 18 1940

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

6298
Do not use this space.

1. PLACE OF DEATH
(a) County Clark Registration District No. 192
(b) Township Grant Primary Registration District No. 5268 Registered No.
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
516

2. PRINT FULL NAME Earnest Munford
(a) Residence, No. Farmer 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	5	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Grain & Stock
10. Date deceased last worked at this occupation (month and year) Sept. 1933 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmigton, Iowa

FATHER
13. NAME James Munford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Matilda Dickson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known.

17. INFORMANT G. C. Munford
(ADDRESS) Farmington, Iowa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anson DATE Feb. 17, 1940.

19. FUNERAL DIRECTOR (NAME) H. C. Page
(ADDRESS) Farmington, Iowa.

20. FILED Feb. 16, 1940 J. L. McConnell, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1940.

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1940 to Feb. 15, 1940.
I last saw him alive on Feb. 14, 1940. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 15, 1940.

Other contributory causes of importance:
Had two previous strokes.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) N. H. Mott, M. D.
(Address) Farmington, Iowa.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

RECEIVED
District Health Officer No. 10
District File Number 3-40-690
Date Filed MAR 14 1940

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 H C Page

Licensed Embalmer No. 1368

P. O. Address Farmington Ia.

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.