DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 42 D

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7041

Primary Registration District No. 3022

Registrar's No. 25

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Jefferson

(b) City or town: DeSoto Vicinity
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Olevia Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 30 years

3. (a) PRINT FULL NAME: Albert Munsell

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Winnie Spiller

6. (c) Age of husband or wife if alive: deceased years

7. Birth date of deceased: March (Month) 20 (Day), 1870 (Year)

8. AGE: Years 69 | Months 11 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace: Not known (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Veteranian

11. Industry or business: 9

FATHER
12. Name: Not known
13. Birthplace: " " (City, town, or county) not known (State or foreign country)

MOTHER
14. Maiden name: " "
15. Birthplace: " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Iria Spiller
(b) Address: DeSoto Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: March 1 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: DeSoto Mo.

18. (a) Signature of funeral director: Lee Mothershead
(b) Address: DeSoto, Mo. 381

19. (a) 3-8-40 (Date received local registrar) (b) Jeneva Donnell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson

(c) City or town: DeSoto
(If outside city or town limits write "RURAL")

(d) Street No.: 810 South Main Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ___ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1940 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from By Inquest Justice Feb. 28, 1940 that I last saw it alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal injuries, also fractured left leg.	2-24-40
Due to: Automobile Accident	2-24-40
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: Feb. 24-1940
(c) Where did injury occur? Near De Soto, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Frank Frazier, Coroner (M. D. or other)
Address: Festus, Mo. Date signed 2-28-40

(Licensed Embalmer's Statement on Reverse Side)

210m
99

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 J. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.

S. No. 2B
M—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7041

Registration District No. 420 Primary Registration District No. 3022 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Desoto (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Albert Munsell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries also

Due to Fractured left leg

Due to Automobile accident Collision with other

Other conditions Motor Vehicle (Include pregnancy within 3 months of death)

Major findings:
Of operations 2 10 W 22

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Frazer (M. D. or other) Coor

Address Festus Mo. Date signed

S-7041