No. 2
-10-39
7-3
X2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940

Registration District No. 57

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14222

Primary Registration District No. 4030

Registrar's No.

1. PLACE OF DEATH:

(a) County: Bates

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Rich Hill Missouri
(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: Emma Munkirs 526

3. (b) If veteran, name war: X

3. (c) Social Security No.

4. Sex: female

5. Color or race: W

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

6. (b) Name of husband or wife: T.R. Munkirs

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

7. Birth date of deceased: Oct. (Month) 16 (Day) 1859 (Year)

8. AGE: Years 80 Months 5 Days 0 If less than one day hr. min.

9. Birthplace: Madison Co. Ky. (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

MOTHER FATHER

12. Name: Warren Evans

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

14. Maiden name: Lucy Evans

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

16. (a) Informant: Emma Liggett

(b) Address: Hume Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Cem;

18. (a) Signature of funeral director: Booth Funeral Service

(b) Address: Rich Hill Mo

19. (a) Apr 1-1940 (Date received local registrar) (b) Fern H Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR- day 16 year 1940 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from Mch 1 1940 to Mch 16 1940 that I last saw he alive on Mar 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	4 days
Due to: Influenza	2 days
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)

(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: Chas H. Allen (M. D. or other) 4/9/40

Address: Hume Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-40-770
5-6-40

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

Signed John L. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.