

25715

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG 13 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 267

Primary Registration District No. 3-755

Registrar's No. 43

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town 2 miles west of Eldon, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 9  
(Specify whether years, months or days)

In this community ✓  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER

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

(d) Street No. 2 Miles West Eldon, Mo.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ed S. MUNNS 524

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Celia P. MUNNS

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 21 1866  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1940 hour 6 A minute 40 AM

21. I hereby certify that I attended the deceased from July 10, 1940 to July 30, 1940  
that I last saw him alive on 6-14-40, 1940  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>9</u>	<u>-</u> hr. <u>-</u> min.

Immediate cause of death myocarditis

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 42A

9. Birthplace Edina Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming 0

11. Industry or business

12. Name Andrew MUNNS 5

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

14. Maiden name Josephine Smiley

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

Physician 42A

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature X

(b) Address Eldon Mo STAR R.

17. (a) Burial (b) Date thereof Aug 1 '40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Keith Hays

(b) Address Eldon, Mo.

19. (a) July 31 1940 Bill Hays  
(Date received local registrar) (Registrar's signature)

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?  
1.05

(Specify type of place) (e) Means of injury

23. Signature G. D. Walker (M. D. or other)

Address Eldon Mo Date signed 8/13/40

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

Rev. 5-17-30  
1-1 X1931

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

Miller County Health Dep't

County File Number 40-86

Date filed 8/12/40

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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 Keith M. Fays  
Licensed Embalmer No. 3998  
P. O. Address Eldon Missouri

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.