

FILED JAN 8 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4702**

1. PLACE OF DEATH: **3**

(a) County **Jackson**

(b) City or town **J.C.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
In ambulance on way to General Hosp
(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 **mo** (b) County **Jackson**

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

(d) Street No. **1306 Charlotte**
(If rural, give location)

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

3. (a) PRINT FULL NAME **John J. Munnable**

(b) If veteran, **no** name war.

3. (c) Social Security No. **none**

4. Sex **m** 5. Color or race **w**

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

6. (b) Name of husband or wife **none** 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years **aprox 58** Months **X** Days **X** If less than one day _____ hr. _____ min.

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

10. Usual occupation **labor**

11. Industry or business **9**

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Bob Munnable**

(b) Address **1306 Charlotte**

17. (a) **Burial** (b) Date thereof **12-10-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Marys**

18. (a) Signature of funeral director **H. Figglerman + Son**

(b) Address **2738 Prospect**

19. (a) **12-10-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** Year **1940**
hour _____ minute **10:25** AM.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I _____ have on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Fibrous Myocarditis**
Coronary Atherosclerosis

Due to _____

Due to _____

Other conditions: **930**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? **F**

While at work _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature **W. S. W. W. W.** (M. D. or other) _____
Address _____ Date signed _____

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

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

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Francis Walton

Signed

By J. H. Tugman

Licensed Embalmer No. *2744*

P. O. Address *A. C. 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.