

FILED MAR 14 1941

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Sally E Munsey

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William A Munsey 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 10 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days _____ If less than one day hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Edwin A Chapman
13. Birthplace St Louis Co Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Parker
15. Birthplace _____ (City, town, or county) (State or foreign country) Mo

16. (a) Informant W A Munsey
(b) Address Harrisonville Mo.

17. (a) Burial (b) Date thereof 3 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hessiah Mo.

18. (a) Signature of funeral director Robert Arnold

(b) Address Creston Mo.

19. (a) 3/11/41 (b) S. E. Munsey
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 17
(c) City or town Harrisonville Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1007 Washington 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1941 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 10 -
March 10, 1941;

that I last saw h. alive on March 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart disease and dropsy
before I arrived
Due to Organic Heart disease and dropsy
Due to _____

Other conditions (Include pregnancy within 3 months of death) 95 10

Major findings: Of operations _____

Of autopsy _____

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? 845

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

23. Signature J. B. Smith (M. D. or other) 0
Address Harrisonville Mo Date signed Mar 11 1941

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 Robert Arnold

Licensed Embalmer No. 3621

P. O. Address Creston 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.