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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15162

State File No. _____

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 North 7th Residence
(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 Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL") .4
(d) Street No. 209 North 7th
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lewis Addison Munson

3. (b) If veteran, name war _____ 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 Grace Munson 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 23, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Hannibal Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Clerk

11. Industry or business XX

12. Name James H. Munson

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

14. Maiden name Fidelia Hunt

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

16. (a) Informant Alberta Touppine

(b) Address 209 N 7th St. Hannibal, Mo.

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

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) 4-4-41 (Date received local registrar) (b) J. E. Fisher (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 1 year 1941 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from March 16, 1941, to April 1, 1941
that I last saw him alive on March 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Misc. arterial degeneration

Due to Arteriosclerosis

Due to _____

Other conditions None
(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? 4

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

23. Signature C. E. Salter (M. D. or other) 1

Address Hannibal Mo Date signed 4/4-41

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

MOTHER FATHER

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 *James A. Moles*

Licensed Embalmer No. ~~325~~ 329

P. O. Address Hannibal 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, fact should be so stated above.