

FILLED OCT 31 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35950

Registrar's No. 143

Registration District No. 773

Primary Registration District No. 60-18A

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Munson Platt Ambrose3. (b) If veteran, name war No 3. (c) Social Security No. 326-07-7150

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased January 22 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 22 hr. min.

9. Birthplace Standberry Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Barrett Varnish Company12. Name Alanson Ambrose13. Birthplace Michigan
(City, town, or county) (State or foreign country)14. Maiden name Marie Mathews15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant Dr. Olney A. Ambrose(b) Address 4660 Maryland Avenue17. (a) Cremation (b) Date thereof 10-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director Walter Stewart(b) Address 1225 Union Blvd.19. (a) Oct 15-41 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4230 Red Bud Avenue
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14
year 1941 hour 9:30 minute P. M.21. I hereby certify that I attended the deceased from October 7, 1941 to October 14, 1941;
that I last saw him alive on October 13, 1941, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 3 daysDue to hypertensive arteriosclerosis Heart disease 2 yrs. at leastDue to Arteriosclerosis, generalized markedOther conditions gout with interdigital 5 years
(Include pregnancy within 3 months of death)Major findings: Arteriosclerosis (past & present), hypertensive PHYSICIAN
Of operations: no operationsOf autopsy: no autopsy 430
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? _____

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

23. Signature C. O. Ault (M.D. or other) M.D.Address Farmington, Mo Date signed 10/17/41

OCT 3 0 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.....

Licensed Embalmer No.....

P. O. Address.....

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.