DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10296

Registrar's No. 242

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

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 214 Smith
(If not in hospital or institution, write street number or location)

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

In this community: 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bychanan

(c) City or town: St. Joseph
(If outside city of town limits, write "RURAL")

(d) Street No.: 214 Smith
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 36 years years.

3. (a) PRINT FULL NAME: Simon Muhu

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: widower

6. (b) Name of husband or wife: Elarda

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

7. Birth date of deceased: February ? 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days ? If less than one day hr. min.

9. Birthplace: Valkain (City, town, or county) Hungary (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: unknown

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

14. Maiden name: unknown

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

16. (a) Informant: Frank Papede

(b) Address: 214 Smith

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery (City or town) (County) (State)

18. (a) Signature of funeral director: Tracy Barry Funeral Home

(b) Address: 218 South 10th St St Joseph Mo

19. (a) Mar. 14, 1942 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 6th year: 1942 hour: 11 minute: 30 P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased from: on Mar 7, 1942 to, 19; that I last ~~saw him alive~~ viewed alive, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Perforated Gastric ulcer	1 day
Due to: Chronic Gastric Ulcers	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death): Man died suddenly following an attact of acute indigestion.	

Major findings:
Of operations:
Of autopsy: No.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: H F Murady (M. D. or other) Coroner

Address: 404 So 3d St. Date signed: 3-[illegible]-42

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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, fact should be so stated above.

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10 296

Registration District No. 85 Primary Registration District No. 1001 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Simon Muhu

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) ? (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days If less than one day min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Gastric Ulcers. — Duration 1 day

Due to Chronic Alcoholism — 1 yr

Due to Gastric Hemorrhage vomiting bright red blood

Other conditions (Include pregnancy within 3 months of death) blood in the abdominal cavity.

Major findings:
Of operations
Of autopsy no 11813.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H F Mundy (M. D. ~~or other~~) Coroner
Address 404 So 3d Date signed 5/1/42