

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11623

State File No.

FILED APR 2 1942

Registration District No. 678

Primary Registration District No. 5904

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St. James *Trust*

(c) Name of hospital or institution: St. James Hospital

(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital or institution 1 week

In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME John M. Munro

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura Jane Munro

6. (c) Age of husband or wife if alive 4th years

7. Birth date of deceased August 4th 1960 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	4	1	hr. min.

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

10. Usual occupation Retired

11. Industry or business Merchant

12. Name A. M. Munro

13. Birthplace Glasco Scotland (City, town, or county) (State or foreign country)

14. Maiden name Nancy Ann Fleming

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

16. (a) Informant Mrs. Paul Murta

(b) Address Cuba, Route 2, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12/7/41 (Month) (Day) (Year)

(c) Place: burial or cremation Cuba, Missouri

18. (a) Signature of funeral director [Signature]

(b) Address Cuba, Missouri

19. (a) 1-20-1942 (Date received local registrar)

(b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1941 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from Dec 5 1941 to Dec 5 1941 that I last saw him alive on Dec 5 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Embolism

Due to Injury to chest abdomen

Due to Automobile accident

Other conditions None (Include pregnancy within 9 months of death)

Major findings: Of operations None Of autopsy None

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) Accident

(b) Date of occurrence Dec 5-41

(c) Where did injury occur? Cuba (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? None (Specify type of place) (e) Means of injury Automobile

23. Signature [Signature] (M. D. or other)

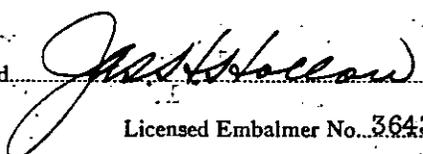
Address [Address] Date signed 12-5-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3643

P. O. Address. Cuba, 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.