

FILED MAY 14 1942
Registration District No. 480

Primary Registration District No. 5623-5824 Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Nurs. Hosp.
(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

3. (a) PRINT FULL NAME Gustav N. Munnichagen

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Aug 20 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>8</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Herman Munnichagen

13. Birthplace Warren Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Amalia Eickmuller

15. Birthplace Warren County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo Munnichagen

(b) Address 744 Grandville Mo

17. (a) Burial (b) Date thereof Apr. 23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangical Cemetery

18. (a) Signature of funeral director W. A. Braetlein

(b) Address Higginsville Mo

19. (a) Apr. 21-1942 (b) Dr. W. A. Braetlein
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Higginsville (rural)
(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. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 6 minutes 0 M.

21. I hereby certify that I attended the deceased from many years
_____ 19 _____ to April 20 19 42
that I last saw him alive on April 13 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Left side Heart Block

Due to Chronic Myocarditis
Organic heart disease (coronary)
regurgitation

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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 W. A. Braetlein (M. D. or other) M.D.

Address Higginsville Mo Date signed 4/21/42

Duration Many
Years

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 8

District File Number _____

Date Filed 5-13-42

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 Roy F. Wiegman

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.