

U. S. No. 2
Form—9-4-41
Rev. 5-17-39
X29484

30655

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1942

Registration District No. 164

Primary Registration District No. 30-2-3-3032

Registrar's No. 95

51
2
2

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

1. PLACE OF DEATH:

(a) County: Johnson

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

(c) Name of hospital or institution: 121 Broad
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community: 38 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: 121 Broad
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Benjamin Alpha Munkres

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 1
year 1942 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1935
19____ to Sept 1-42, 19____
that I last saw him alive on Aug-28-42, 19____
and that death occurred on the date and hour stated above.

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: 1 divorced married

6. (b) Name of husband or wife: Myrtle Munkres

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: Apr-22-1883
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion

Due to: Chr. Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>9</u>	hr. _____ min. _____

Due to: _____

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

Major findings: _____
Of operations: _____

Of autopsy: _____

9. Birthplace: Buchanan Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: Albert Munkres

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

14. Maiden name: Ida May Parsons

15. Birthplace: Platt Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Albert Munkres

(b) Address: Warrensburg Mo

17. (a) Burial (b) Date thereof: Sep-2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Hill

18. (a) Signature of funeral director: Sweeney-Phillips

(b) Address: Warrensburg Mo

19. (a) Sept 2 '42 (b) Scott M. Williams
(Date received local registrar) (Registrar's signature)

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: R. F. Munkres (M. D. or other) MD

Address: Warrensburg Mo Date signed: 9-1-42

1001

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-8-42

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 *E Ray Sumner*
Licensed Embalmer No. *1121*
P. O. Address *Warrensburg*

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.