

FILED SEP 17 1942

Registration District No. 2029

Primary Registration District No. 3043

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(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 Alfred Munson

3. (b) If veteran, name war. J. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zelma 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 12, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) (State or foreign country) 4

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Peter Munson
13. Birthplace Sweden (City, town, or county) (State or foreign country) 4
14. Maiden name Caroline Anderson
15. Birthplace Sweden (City, town, or county) (State or foreign country) 4

16. (a) Informant Peter Munson
(b) Address 205 Dulany Ave Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director [Signature]
(b) Address 902 Broadway Hannibal

19. (a) Aug 13 1942 (Date received local registrar) (b) R. M. Connor (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 1018 Union (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1942 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug. 8, 1942 to Aug. 11, 1942
that I last saw him alive on Aug. 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Due to

Due to

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)
(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. M. Connor (M. D. or other) Address Hannibal, Mo. Date signed 8/12/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

64
950

Murphy

Q

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.....

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

Signed *Elmer Thomas*.....

Licensed Embalmer No. 2460.....

P. O. Address Hannibal 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.