. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1250 464

Registration District No. FILED JAN 22 1943

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jackson

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

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

(d) Length of stay: In hospital or institution 1 hr. (Specify whether

In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson 48

(c) City or town: K.C. (If outside city or town limits, write "RURAL") 0

(d) Street No. 2587 Troost (If rural, give location) 0

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Wm. V. Munson

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

3. (c) Social Security No.: unknown

4. Sex: m

5. Color or Race: w

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

6. (b) Name of husband or wife: Rose or Ruby Munson

6. (c) Age of husband or wife if alive: 197 years

7. Birth date of deceased: Sept. (Month) 24, (Day) 1912 (Year)

8. AGE: Years 30 | Months 3 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace: Sheridan County (City, town, or county) Mo (State or foreign country)

10. Usual occupation: mechanic

11. Industry or business: 14th & Oak (self)

MOTHER FATHER

12. Name: Edward Munson

13. Birthplace: Sheridan County (City, town, or county) Mo (State or foreign country)

14. Maiden name: Edith E. Hunnicutt

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

16. (a) Informant: Mrs. Edith Munson

(b) Address: 3 in Bed Cl. K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Cemetery

18. (a) Signature of funeral director: H. Tegeman & Son

(b) Address: K.C. Mo.

19. (a) 1-12-43 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-8-43 day year hour minute M.

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

Immediate cause of death: Motor cycle Trauma.

Due to: Skull fracture 8

Due to: 170.2 8

Other conditions: 27

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: See Above

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 123

(b) Date of occurrence: Jan. 8 1943

(c) Where did injury occur? Kan. City (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street - public place (Specify type of place)

While at work? No (e) Means of injury: Trauma

23. Signature: A. E. Upsher M.D. (M. D. or other)

Address: 23rd & McGee Date signed 1/9/43

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1947

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Yeaman

Licensed Embalmer No. 2744

P. O. Address K.C., 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.