

FILED MAR 8 1943

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 206

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph

(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 wks  
(Specify whether)

In this community: Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Buchanan

(c) City or town: St. Joseph  
(If on city or town limits, write "RURAL")

(d) Street No.: 1801 Washington Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME: OCTAVIA - MUNYON

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

3. (c) Social Security No.: no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 14  
year: 1943 hour: 6:30 minute: P M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to Feb 14, 1943  
that I last saw her alive on Feb 14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Jan 1-43

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Albert Munyon

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: April 7, 1868  
(Month) (Day) (Year)

8. AGE: Years: 74 Months: 10 Days: 7  
If less than one day: hr. min.

9. Birthplace: St. Joseph, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

11. Industry or business: .....

12. Name: Phillip Chiaborell

13. Birthplace: Italy  
(City, town, or county) (State or foreign country)

14. Maiden name: unk

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

16. (a) Informant: St. Joseph

(b) Address: St. Joseph, Mo

17. (a) (b) Date thereof: Feb 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Olivet

18. (a) Signature of funeral director: Roy Stamey

(b) Address: St. Joseph, Mo

19. (a) 2-16-43 (b) .....

(Date received local registrar) (Registrar's signature)

Other conditions: Entered per gen.  
(Include pregnancy within 3 months of death)

PHYSICIAN: .....

Major findings: Of operations: J3a!

Of autopsy: .....

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) .....

(b) Date of occurrence .....

(c) Where did injury occur? .....

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

While at work: .....

23. Signature: Frank ...  
Address: 620 ...  
Date signed: 2/16/43

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

11  
1  
7

**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.....

*John Roy Stamey*

Licensed Embalmer No. *2435*

P. O. Address *St Joseph 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.**