S. No. 2
1—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1943

Registration District No. 3 47

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26347

State File No.

Primary Registration District No. 4574

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

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

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

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 105

(a) State Mo. (b) County Sullivan O

(c) City or town Green City (If outside city or town limits, write "RURAL") O

(d) Street No. — (If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME WILLIAM GRANT MUNNS

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 Married

6. (b) Name of husband or wife Sarah Jane

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

7. Birth date of deceased 3 (Month) 20 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	2	hr. min.

9. Birthplace Knox Co. (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name George William Munns

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

14. Maiden name Rezea Davis

15. Birthplace Knox Co (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Golda Carter

(b) Address Green City

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 7-24-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director Glenn E Kurtz & Son

(b) Address Green City Mo.

19. (a) Aug 3-43 (Date received local registrar) (b) Vinnie Davidson (Registrar's signature)

1213

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1943 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 20, 1943 to July 22, 1943 that I last saw him alive on July 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W Herrington MD (M. D. or other)

Address Green City Mo Date signed 7/22/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1359
Date Filed
AUG 11 1943

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenville, 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.