

FILED SEP 4 1943
Registration District No. 100

Primary Registration District No. 5235-7106 Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County. CEDAR

(b) City or town. JERICHO SPGS Mo
(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)

In this community. 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CEDAR 20

(c) City or town. /
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAUD FLORENCE MUNNIE

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

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 - day 6
year 1943 hour 7 - minute 30 A.M.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married divorced MARRIED

6. (b) Name of husband or wife. EDD. MUNNIE

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. JUNE 8 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-6 1943 to 8-6-43 1943
that I last saw him alive on 8-6-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary thrombosis

8. AGE:

Years	Months	Days	If less than one day
63	1	28	hr. min.

Due to. Chronic arthritis of nephritis

9. Birthplace CEDAR CO STACKTANO
(City, town, or county), (State or foreign country)

Other conditions. (Include pregnancy within 3 months of death)

10. Usual occupation FARMING.

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11. Industry or business RENTER

12. Name THOMAS MAINES

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

14. Maiden name FANNIE HANCOCK

15. Birthplace STACKTAN Mo
(City, town, or county), (State or foreign country)

16. (a) Informant. Edd Munier
(b) Address. Jerico Springs Mo

17. (a) Burial, cremation, or removal. Burial
(b) Date thereof. 8 7 43
(Month) (Day) (Year)

(c) Place: burial or cremation. CEDAR CO Mo.

18. (a) Signature of funeral director. O.P. Matheis
(b) Address. JERICHO SPGS.
19. (a) Aug 10 1943 (b) J.P. Schack
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature. J.P. Schack (M. D. or other)
Address. Jerico Springs Mo Date signed 8-10-43

RECEIVED

District Health Officer No. 7,

District File Number

8-43-819

Date Filed

9-3-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Did not Embalm

Registered Apprentice No. _____

working under my personal supervision.

Signed

J.P. Mitchell

Licensed Embalmer No. 19084

P. O. Address. JERICHO SPAS 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.