

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41187

State File No. 5267
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3736 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 43 Years years, months or days)

3. (a) PRINT FULL NAME LAURA C. MUNKRES

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wesley 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June 18, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name Charles Downing

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

14. Maiden name Hannah Bayess

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

16. (a) Informant Mrs. Virgie Bird

(b) Address 3736 Jackson

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/14/43
(Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery, Holt

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City Mo.

19. (a) 12-13-43 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3736 Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11, 1943
year _____ hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 1941 1941 to Dec 11 1943
that I last saw her alive on Dec 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage

Due to _____

Due to Senile 83a

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

Major findings: Of operations no

Of autopsy no

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) no

(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? no

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

23. Signature James T. Long (M.D. or other)

Address _____ Date signed _____

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Copy furnished