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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. 42096

FILED JAN 6 1944

Registration District No. 870

Primary Registration District No. 3017

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Booper

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

(c) Name of hospital or institution: St. Joseph Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State Missouri (b) County COOper 0

(c) City or town Boonville
(If outside city or town limits, write "RURAL") 0

(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 Adolph Muntzel.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bertha Muntzel.

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 9" (Day) 1870 (Year)

8. AGE: Years 73 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Cooper County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER
12. Name Frederick Muntzel.
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorris Senhold.
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Helmrich.
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3" 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) Dec-3-43 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

1088

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1943 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from July, 1943, to Dec 1, 1943
that I last saw him alive on Dec 1, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	3 days
Due to Chr. Degenerative Myocarditis	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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 0

23. Signature M L Dickinson (M. D. or other) M D

Address Boonville Mo Date signed 12/3/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-5-44

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 J H Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville, 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.