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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2058

State File No. \_\_\_\_\_

FILED JAN 31 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4049

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centerville  
(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 \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME WILLO EDWARD MUNSON

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife HATTIE MUNSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73 7 28 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_

Due to Accident

Due to Collision - Automobile & Person

Other conditions (Include pregnancy within 3 months of death) None

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Willo Munson

13. Birthplace Wenmouth 4  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Kaled

15. Birthplace Wenmouth 4  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Raymond Munson

(b) Address Centerville Mo

17. (a) Centerville Mo (b) Date thereof 12-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Mo

18. (a) Signature of funeral director Chas. D. Wright

(b) Address Centerville Mo

19. (a) 12-17-1943 (b) \_\_\_\_\_  
(Date received local registrar) (City or town) (State)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-16-43

(c) Where did injury occur? Centerville Boone Mo  
(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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature Marion M. Edom 3 (M. D. or other) \_\_\_\_\_  
Address Columbia Mo Date signed 12/22/43

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

