

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3581

Registration District No. 270

Primary Registration District No. 4323

Registrar's No. 4

1. PLACE OF DEATH:  
(a) County Mercer County  
(b) City or town Ravanna, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether  
In this community all his life  
years, months or days)

3. (a) PRINT FULL NAME Willaim W. Munden

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married, 2 divorced widower

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

7. Birth date of deceased: April 3 1880  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Mack Munden

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

14. Maiden name Land

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

16. (a) Informant M. F. Fordyce

(b) Address Powersville, Mo

17. (a) burial (b) Date thereof Jan 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ravanna

18. (a) Signature of funeral director Bole mess

(b) Address Princeton Mo

19. (a) Feb 44 (b) Wen Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mercer  
(c) City or town Ravanna, Mo  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th  
year 1944 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from January 3rd 1944 to January 5th 1944  
that I last saw him alive on January 4 1944  
and that death occurred on the date and hour stated above

Immediate cause of death Influenza Duration \_\_\_\_\_

Due to Essential Hypertension

Due to asthma

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 33a PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 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 Dr. R.A. Smith M. D. or other) \_\_\_\_\_

Address Ravanna, Mo. Date signed 1/4/44

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

MOTHER FATHER

1367

**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 Mr  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Harold Mason  
Licensed Embalmer No. 2634  
P. O. Address Sumner, 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.**