

7. S. No. 2
900M-5-43
Rev. 5-17-39
I X36671

FILED FEB 25 1944

Registration District No. 72 Primary Registration District No. 3013 State File No. Coroner base Registrar's No. 29

1. PLACE OF DEATH:

(a) County Clay

(b) City or town no Kan City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Karafee beam 3 mile
(If not in hospital or institution, write street number or location)

(d) Length of stay: 11 months In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 920 East 28th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry Julius Muntzel

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-16-0669

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th
year 1944 hour 355 minute P

21. I hereby certify that I attended the deceased from _____ to _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov-28-1889
(Month) (Day) (Year)

Immediate cause of death Explosion at Karafee beam mill no Kan city mo

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>9</u>	<u>20</u>	hr. min.

Duration _____

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

10. Usual occupation State Weigher beam

11. Industry or business Industrial

12. Name Alfert Muntzel

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

14. Maiden name Margarete Schmidt

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

16. (a) Informant Police Department

(b) Address no Kan city mo

17. (a) Burial (b) Date thereof 2-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville mo

18. (a) Signature of funeral director Marlon Pinnerel H

(b) Address no Kan city mo

19. (a) Feb 19-1944 (b) Paul H Henry
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy Coroner base

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

(a) Accident, suicide, or homicide (specify) Accident 124

(b) Date of occurrence February 18-1944

(c) Where did injury occur? no Kan city mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Karafee beam mill

While at work? yes (Specify type of place)

(c) Means of injury Burned

23. Signature P. J. Prather Coroner (M. D. or other) 3

Address Explosion Springs Date signed 2-19-44

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

34
3
1

1621

1944

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

2-24-44

DEC 6 1944

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

John S. Morton

Licensed Embalmer No.

4349

P. O. Address

Mo Kan City 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.