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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15373

Registration District No. 239 Primary Registration District No. 5883 Registrar's No.

1. PLACE OF DEATH:

(a) County: Osage

(b) City or town: Loose Creek, Mo. Linn Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home (If not in hospital or institution, write street number or location)

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

In this community: 75 years

2. USUAL RESIDENCE OF DECEASED: 76

(a) State: Missouri (b) County: Osage 0

(c) City or town: Loose Creek, Mo. (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Christene Pauline Muenks

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: June 29th, 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	8	hr. min.

9. Birthplace: Loose Creek, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation: House work

11. Industry or business:

FATHER

12. Name: Gerhard Muenks

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

MOTHER

14. Maiden name: Elizebeth Ehren

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

16. (a) Informant: Michael Muenks

(b) Address: Loose Creek, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-10-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Loose Creek, Mo.

18. (a) Signature of funeral director: Clyde Morton

(b) Address: Box 144, Linn, Mo.

19. (a) Mar 10-'44 (Date received local registrar) (b) Louise M. Lock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 7 year: 1944 hour: 7 minute: 25 P. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Disease	
Aortic Regurgitation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy	

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:

23. Signature: W. W. Willman (M. D. or other) Dil

Address: Westphalia, Mo. Date signed: 3/8/44.

1285 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-28-44

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.