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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36853

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4684

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 12 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County 999

(c) City or town EUDORA 14
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

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

If yes, name country 7

3. (a) PRINT FULL NAME MUNDAY, HARLEY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife MRS. JENNIE MUNDAY

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 10 (Month) 24 (Day) 1887 (Year)

8. AGE: Years 57 Months 0 Days ~~27~~ 26 If less than one day hr. min.

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

10. Usual occupation sec. foreman R. R.

11. Industry or business

FATHER
12. Name Jas Washington MUNDAY
13. Birthplace Lexington (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Leona May Bramley
15. Birthplace Terre Haute, Ind. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. JENNIE MUNDAY
(b) Address EUDORA, KANSAS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-21-1944 (Month) (Day) (Year)
(c) Place: burial or cremation MOUND VALLEY KANSAS

18. (a) Signature of funeral director D. F. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-21-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20 year 1944 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 11-8, 1944, to 11-20, 1944 that I last saw him alive on NOV 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage & shock complicated by diabetes	
Due to Post-nasal hemorrhage	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) NONE

(b) Date of occurrence 11-20-44

(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 P. T. Bohan (M. D. or other)

Address Bluzon Mer Bldg KCMo Date signed 11/20/44

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1943

2945

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. A C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address. K C 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.