S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5305

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 173

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. M.E. Hospital
(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) 7 days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Near Savannah Rural
(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 John Kaiser Munden
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 29 (Day) 1868 (Year)

8. AGE: Years 76 Months 5 Days 15 If less than one day hr. min.

9. Birthplace near Indianoplis (City, town, or county) Ind (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thomas W. Munden
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margrete A. Fletcher
15. Birthplace Liverpool England (City, town, or country) (State or foreign country)
16. (a) Informant Mrs. W. J. Brent
(b) Address Savannah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sa. Cemetery
18. (a) Signature of funeral director E. C. Brent
(b) Address Savannah Mo
19. (a) 2-17-45 (Date received local registrar) (b) Helen M. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14 year 1945 hour 11 minute P.M.
21. I hereby certify that I attended the deceased from Feb 6, 1945, to Feb 14, 1945 that I last saw him alive on Feb 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Pleurisy with Effusion	
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:
(c) 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 E. M. Shores (M. D. or other) M.D.
Address 317 Kirkpatrick Bldg Date signed 2-16-45

1377 (Licensed Embalmer's Statement on Reverse Side) St. Joseph Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ms.

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.