S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1945 State File No. 10235

FILED MAR 20 1945

Registration District No. 20 1945

Primary Registration District No. 4331 Feb 1 - 8 pm

Registrar's No.

1. PLACE OF DEATH:

(a) County Montiau

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

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether In this community about 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montiau

(c) City or town Rural 1 (If outside city or town limits, write "RURAL")

(d) Street No. Rural 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Henry Muri

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased 11 (Month) 16 (Day) 1856 (Year)

8. AGE: Years 88 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Muri
13. Birthplace Switzerland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christine Moser
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Collins

(b) Address 2901 Tracy, Kansas City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-1945 (Month) (Day) (Year)

(c) Place: burial or cremation German Mc Church

18. (a) Signature of funeral director Chas C Fullrich

(b) Address Jamestown Mo

19. (a) Feb 5-1945 (Date received local registrar) (b) Grace Gentzsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 1 year 1945 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Jan 10, 1945 to 2-1, 1945 that I last saw him alive on 1-10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Valvular Disease of Heart	3
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 d
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 A L Meredith (M. D. or other) MD

Address Prairie Home Mo Date signed 2-4-45

511

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-19-45

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 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.