

PREP JUL 13 1945

Registration District No.

Primary Registration District No. 3036

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution. 4 days
(Specify whether)

In this community 52 yr
years, months or days

3. (a) PRINT FULL NAME Grace H. Munch

3. (b) If veteran, name war. L

3. (c) Social Security No. L

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife. H. A. Munch

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

7. Birth date of deceased. Dec 5 (Month) 1893 (Day) (Year)

8. AGE: Years 51 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Barry County (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business

12. Name J. H. Bradley

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

14. Maiden name Ella Stewart

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

16. (a) Informant H. A. Munch

(b) Address 502 Rinker

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/45 (Month) (Day) (Year)

(c) Place: burial or cremation. Maple Park

18. (a) Signature of funeral director. Oscar Marsh

(b) Address Aurora, Mo

19. (a) 6/23-45 (Date received local registrar) (b) Lawrence, Mo (Registrar's signature) ama

2. USUAL RESIDENCE OF DECEASED:

(a) State Massouri (b) County Lawrence

(c) City or town Aurora, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 502 Rinker
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 45 hour 12 minute 19 AM.

21. I hereby certify that I attended the deceased from June 17, 1945, to June 21, 1945.

that I last saw he alive on June 20, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death. Uremia

Due to

Due to Ca. uterin

Other conditions (Include pregnancy within 3 months of death)

Duration 4 days

Major findings: Of operations H&A

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. D. Towan (M, D, or other) MD

Address Aurora Date signed 6/23/45

RECEIVED

District Health Officer No. 6,

District File Number 745-261

Date Filed JUL 11 1945

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.....

Myself

....., Registered Apprentice No. *✓*

working under my personal supervision.

Signed *Brian L. Marshall*.....

Licensed Embalmer No. *3812*.....

P. O. Address *Annapolis MD*.....

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.