

FILED OCT 29 1947

State File No.

Registration District No. 36

Primary Registration District No. 201

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether years, months or days) 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural, R#
(If outside city or town limits, write "RURAL")
(d) Street No. 7th & Duquense, Joplin
(If rural, give location) no
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Grace F. Muenchmeyer

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Clarence H.
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased March 24, 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 9
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business.....

MOTHER FATHER
12. Name Eugene French
13. Birthplace Lena, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Meyers
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence H. Muenchmeyer
(b) Address 7th & Duquense, Joplin, Mo

17. (a) Burial (b) Date thereof 10-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Parker-Hunsaker

18. (a) Signature of funeral director [Signature]
(b) Address Joplin, Missouri

19. (a) 10-9-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1947 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from 9-16 1947, to Oct 3 1947;
that I last saw h. m. alive on Oct 3 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus unknown

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: None
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause of 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 [Signature] (M. D. or other) [Signature]
Address Joplin Mo Date signed 10/14/47

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

FEB 20 1953

OCT 30 1947

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jay line

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.