S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 17 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 35193

Registration District No. 229 — Primary Registration District No. 5883 — Registrar's No.

1. PLACE OF DEATH:
(a) County: Osage
(b) City or town: Rural, Linn Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Osage
(c) City or town: Loose Creek.
(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: Michael H. Muenks
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: Married
6. (b) Name of husband or wife: Theresa Haslag
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Sept 29th, 1880 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 11 | 0 | hr. ..... min. |

9. Birthplace: Loose Creek, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer, Retired
11. Industry or business
FATHER 12. Name: Gerhard Muenks
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Aherns
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Edmond Muenks
(b) Address: Loose Creek, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Loose Creek, Mo.
18. (a) Signature of funeral director
(b) Address: Linn, Mo.
19. (a) Sept 10-47 (Date received local registrar) (b) Mrs Louis Lock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th, year 1947 hour 12:30 minute pm.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | Sudden |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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? (Specify type of place)
While at work (e) Means of injury
23. Signature: Clyde Morton (Deputy Coroner)
Address: Linn, Mo. Date signed 9/7 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 16 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 .....

Licensed Embalmer No. .....

P. O. Address .....

**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.**