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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 24 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4042

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 198

**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: 2201 S. 3rd Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
In this community 20 years. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2201 S. 3rd Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva Munger
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife T. J. Munger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 1 (Day) 1875 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| ✓ | 72 | 10 | 13 | hr. min. |

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Thomas Patton
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Margaret Turnipseed
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Charles Grewell
(b) Address 2210 S.4th St.,St.Joseph,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.17,1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St.,St. Joseph,Mo.
19. (a) 2-18-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 14th year 1948 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from Feb 13, 1948, to Feb 13, 1948; that I last saw her alive on Feb 13, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Endocarditis with insufficiency | 1 year |
| Due to: Diabetes Mellitus | 4 years (to my knowledge) |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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 C. D. Gross (Mother or other)
Address 6008 King Hill St. Joseph, Mo. Date signed 2-16-48

(Licensed Embalmer's Statement on Reverse Side)

## 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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.**