S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19859

Registration District No. 136

Primary Registration District No. 2401

Registrar's No.

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

**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:
Freeman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6day (Specify whether
In this community 44years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

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

(d) Street No. 300 N. Cass
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William C. Munday

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Edith Munday

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

7. Birth date of deceased March (Month) 26 (Day) 1884 (Year)

8. AGE: Years 64 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Aurora (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Stationery Engineer

11. Industry or business

FATHER
12. Name John Munday
13. Birthplace Mt Vernon (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Jackson
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant W. H. Munday son
(b) Address Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Carterville, cemetery

18. (a) Signature of funeral director Hedge-Lewis
(b) Address Webb City, Missouri

19. (a) 6-12-48 (Date received local registrar) (b) Dolores Lamplins (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 30th year 1948 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from 7-7, 1947, to 5-30, 1948; that I last saw him alive on 5-29-, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of stomach | 7/7/47 |
| Due to | |
| 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 [signature] (M. D. or other)

Address Joplin Mo Date signed 6/1/48

(Licensed Embalmer's Statement on Reverse Side)

48-6-536

JAN 29 1951

## 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 Leonard J. Levin Jr., Registered Apprentice No. 44, working under my personal supervision.

Signed E. W. Ledyard

Licensed Embalmer No. C 2859

P. O. Address Webb City, 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.**