

FILED AUG 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23781

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4238 Registrar's No. 315

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION no

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner
 d. STREET ADDRESS (If rural, give location) none needed

3. NAME OF DECEASED (Type or Print)
 a. (First) Clarence b. (Middle) LeRoy c. (Last) Munday
 4. DATE OF DEATH (Month) (Day) (Year) Aug. 1. 1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 10, 1886 9. AGE (In years last birthday) 63 Months 9 Days 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Structural Steel 10b. KIND OF BUSINESS OR INDUSTRY Steel work 11. BIRTHPLACE (State or foreign country) Linwood, Kansas 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME David E. Munday 13b. MOTHER'S MAIDEN NAME Nellie Adams 14. NAME OF HUSBAND OR WIFE Viola Munday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes - May 30-1918 Sept. 30 1921 16. SOCIAL SECURITY # 113-12-2378 17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Munday ADDRESS Buckner, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion
 ANTECEDENT CAUSES (b) Arteriosclerotic heart disease
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) Dep. County coroner autopsy

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:40 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. L. ... 23b. ADDRESS 3447 ... 23c. DATE SIGNED 8-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 3, 1950 24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery 24d. LOCATION (City, town, or county) (State) Buckner Missouri

DATE REC'D BY LOCAL REG. Aug. 2, 1950 REGISTRAR'S SIGNATURE ... 25. FUNERAL DIRECTOR'S SIGNATURE Vernon M. Keppert ADDRESS Buckner Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1904

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

~~Working under my personal supervision.~~

Student *[Signature]*
Student Embalmer

Signed

Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address *Buckner, 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.