

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33635
Registrar's No. 4421

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City MO 20 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, give location) 1630 CENTRAL STREET	

3. NAME OF DECEASED (Type or Print) a. (First) WILIAM b. (Middle) FREDERICK c. (Last) Munsill			4. DATE OF DEATH (Month) (Day) (Year) 10 16 50		
--	--	--	--	--	--

5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-16-1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	------------------------------	------------------------------------	----------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 20 YEARS	10b. KIND OF BUSINESS OR INDUSTRY ROEN ISLAND R.P.	11. BIRTHPLACE (State or foreign country) PLATTSBURG, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	-------------------------------------

13a. FATHER'S NAME MUNSILL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Mrs. JOSEPHINE MUNSILL
----------------------------	-----------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 496-16-5332	17. INFORMANT'S SIGNATURE OR NAME Mrs. JOSEPHINE MUNSILL	ADDRESS 1630 CENTRAL KANSAS CITY, MO
---	-------------------------------------	--	--------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - uremia		ANTECEDENT CAUSES		610
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hyperplasia of prostate		
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)		
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hyperplasia of Prostate	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 10-16, 1950, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. Zeller Mayer (Degree or title) M.D.	23b. ADDRESS 609 Prof. Bldg.	23c. DATE SIGNED 10-17-50
---	------------------------------	---------------------------

24a. BURIAL, CREMA. TION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 20 1950	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	------------------------	---	--

DATE REC'D BY LOCAL REG. 10-20-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
-----------------------------------	--	---	---

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Robert Ray

Licensed Embalmer No. *4182*

P. O. Address *Kansas City*

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.