

FILED NOV 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33752  
4664

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>2 Hrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty</b>		0241	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>126 Lincoln St.</b>	

3. NAME OF DECEASED (Type or Print) <b>Jessie</b>	a. (First) <b>Jessie</b>	b. (Middle) <b>M</b>	c. (Last) <b>Munkirs</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 30 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>November 24 1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Days <b>7</b>	IF UNDER 12 HRS. Hours <b>11</b>	Min. <b>45</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>John S. Reynolds</b>	13b. MOTHER'S MAIDEN NAME <b>Ruth Harrell</b>	14. NAME OF HUSBAND OR WIFE <b>Edwin Munkirs</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HAROLD F. LANCASTER</b>	ADDRESS <b>Kansas City, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Traumatic Shock</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Retroperitoneal Hemorrhage</b> DUE TO (c) <b>Multiple Rib Fractures and Fracture dislocation Pelvic Contusion Brain</b>		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		E 80%	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Liberty Clay Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct. 30, 1951 11:45 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by Train</b>

22. I hereby certify that I attended the deceased from **Pathologist**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. R. McPhee</b>	M. R. Mc Phee (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Research Hosp 23rd N. W. Mo</b>	23c. DATE SIGNED <b>10/30/51</b>
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24a. BURIAL CREMATION (Specify) <b>Burial</b>	24b. DATE <b>Nov. 3, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Liberty, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-1-51</b>	REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Church Ancher Co</b>	ADDRESS <b>Liberty, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Lombard .....

Licensed Embalmer No. 4448 .....

P. O. Address Liberty 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.