WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11904

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1700
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C. Mo (No. K.C. Gen Hosp St. Ward)

2. FULL NAME Charlie Munson (Munson)
(a) Residence. No. 2624 Norton St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
7. AGE Years About 56 yrs Months Days If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Gus Walgren
(Address) 2624 Norton
15. FILED 4/25, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-23 1927
17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 11 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
92A
93C
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Endocarditis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED? Yes
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas Nelson, M. D
4-23, 1927 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood — DATE OF BURIAL April 1927
20. UNDERTAKER Rose & Co — ADDRESS 15th Jackson