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.

AUG 23 1932

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

Do not use this space.

22546 Gr. Fellers

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

3 Township — Primary Registration District No. 2001 — Registered No. 528

5 City Springfield Mo. (No. ~~Rt. 8~~ Baptist Hospital Ward)

2. FULL NAME Howard Munhallen

(a) Residence, No. ~~Rt. 8~~ St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
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) Sept. 15 – 1913

7. AGE: YEARS 18 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. 1 Missouri

FATHER

13. NAME W. A. Munhallen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

MOTHER

15. MAIDEN NAME Susie Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) W. A. Munhallen Rt 8

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patterson DATE July 29 1932

19. UNDERTAKER (ADDRESS) Alma Lehmeyer 534 St. Louis

20. FILED 7-29 1932 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 – 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-26- 1932 to 7-27- 1932

I last saw him alive on 7-27 1932 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Messenteric Thrombosis — Date of onset 7-25-32
possibly of Luetic origin

Other contributory causes of importance:

Supposedly Lues

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. E. Fellers, M. D.

(Address) Springfield Mo.