

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

34930
 Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH 3

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 11 1/2 West 9th St. Registered No. 4266

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Mungari

(a) Residence, No. 3029 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Mungari

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs.	or min.
	<u>40</u>	<u>5</u>	<u>25</u>		

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as 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) Belleville Kansas

FATHER

13. NAME Daniel Mungari

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Mary Conannate

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Louis Mungari (ADDRESS) 2401 E 78th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fresh Hill Cem DATE 11/2 1938

19. FUNERAL DIRECTOR (NAME) A. Schultz (ADDRESS) 901 East 5th St.

20. FILED Nov 1 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-38 1938

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 1938

I last saw Deputy Coroner, 1938 Death is said to have occurred on the date stated above, at 3:50 PM.

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

Coronary sclerosis
Acute + chronic coronary occlusion
Acute + chronic myocardial infarction
Pulmonary edema

Date of onset

Other contributory causes of importance:
94%

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 1938
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place in public place

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____

(Signed) Dr. H. H. Butler M. D.
 (Address) Dr. H. H. Butler

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.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.