

REC'D DEC 16 1938

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

39797  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 527  
(b) Township Southriver Primary Registration District No. 3029 Registered No. 291  
(c) City Palmyra, Mo. (d) Street No. St. Elizabeth Hospital St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Munger

(a) Residence, No. R.F. #2, Palmyra, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Paul R. Munger  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 - 12

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Vermont, Illinois

FATHER 13. NAME Robert H. Gould 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Mills 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Paul Munger, R.F. #2, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cemetery DATE Nov. 4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Roy P. Schwartz, Hannibal, Mo.

20. FILED Nov 2, 1938 J.C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1938  
22. I HEREBY CERTIFY, That I attended deceased from July 24<sup>th</sup>, 1938, to 11-1, 1938  
I last saw him live on 11-1, 1938 Death is said to have occurred on the date stated above, at 9:35 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of descending colon Date of onset 1936

Other contributory causes of importance:  
metastases to retroperitoneal glands + lungs 1934  
Recessed in wound 1938

Name of operation Resection of colon Date of May 11, 1937  
What test confirmed diagnosis? B.T.P. 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 \_\_\_\_\_, 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? No  
If so, specify \_\_\_\_\_  
(Signed) Harold Budnick, M. D.  
488 (Address) Hannibal, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, Ray P. Schwartz, Licensed Embalmer No. 1765  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ray P. Schwartz

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Ray P. Schwartz  
Licensed Embalmer No. 1765

**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.)**