DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31130

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3693

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2303 Prospect (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LEO C. MUENKS

3. (b) If veteran, name war Yes

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Muenks

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January 3, 1898 (Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Linn County, Missouri (City, town, or county) (State or foreign country) A

10. Usual occupation Owner-Spotless Cleaners

11. Industry or business 0

FATHER
12. Name John Muenks 0
13. Birthplace Loose Creek, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Boillott
15. Birthplace Osage County Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Helen Muenks

(b) Address 2303 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tobin Co

(b) Address K.C. Mo

19. (a) 9-22-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1940 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 11, 1940, to Sept. 20, 1940 that I last saw him alive on Sept. 20, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured esophageal ulcer (?) Acute dilatation heart

Due to Early cirrhosis liver (few years

Due to

Other conditions (Include pregnancy within 3 months of death) 124 [illegible]

Major findings: Of operations None

Of autopsy Given above

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature C. Vincent M.D. (M. D. or other)

Address 800 Argyle Bldg Date signed 9/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.....Harold Perry.....

Licensed Embalmer No. 4097.

P. O. Address.....K. C., 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, above space should be left blank.