

OCT 23 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32117

Registration District No. 338

Primary Registration District No. 4201

Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Gilman City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community out 60 years
years, months or days)

3. (a) PRINT FULL NAME WILLIAM P. McINMARA

8. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aurelia Munn 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug 30 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 23 hr. min.

9. Birthplace State of Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Jahz B. Munn

13. Birthplace State of Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Maggie S. Fair

15. Birthplace State of Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Aurelia Munn

(b) Address Gilman City Mo.

17. (a) Burial (b) Date thereof Aug 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director W.D. James

(b) Address Gilman City Mo.

19. (a) Sept 14 1940 (b) W.D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Warrens City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1940 hour 3:00 minute PM

21. I hereby certify that I attended the deceased from Aug 14
1940 to Aug 23 1940

that I last saw him alive on Aug - 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease Duration 9 yrs

Due to Senility

Due to

Other conditions (include pregnancy within 3 months of death) 1/21

Major findings: Of operations

Of autopsy

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?

300 (Specify type of place) (e) Means of injury 3

23. Signature J.C. WALKER (M. D. or other) D.O.

Address GILMAN City Mo Date signed Aug 28

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

W D Haines....., Registered Apprentice No.....
working under my personal supervision.

Signed W D Haines.....

Licensed Embalmer No. 942.....

P. O. Address Gilman City 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.