DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38827

Registration District No. 372 — Primary Registration District No. 4218 — Registrar's No. 1056

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Mound 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 (Specify whether
In this community 79 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt.
(c) City or town Mound City.
(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.? years.

3. (a) PRINT FULL NAME Armeda M. Munkres
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 27th (Day) 1861 (Year)

8. AGE: Years 79 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Holt County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House work.
11. Industry or business
FATHER
12. Name John M. Hutton
13. Birthplace (City, town, or county) Virg. (State or foreign country)
MOTHER
14. Maiden name Hannah Johnston
15. Birthplace (City, town, or county) Virg. (State or foreign country)
16. (a) Informant's own signature Roy Munkres.
(b) Address Mound City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/40. (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetery, Mound City.
18. (a) Signature of funeral director W H Crawford
(b) Address Mound City Mo.
19. (a) 11-12-1940 (Date received local registrar) (b) J Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1940 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from June 1, 1940, to Nov 11, 1940, that I last saw her alive on Nov 11, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of upper bowel	3 yrs
Due to	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. E. Paul DO (M. D. or other)
Address Mound City. Date signed Nov 17

(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. H. M. Crawford

Licensed Embalmer No. 1824

P. O. Address Mound City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.