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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34847

Registration District No. 297 | Primary Registration District No. 3016 | Registrar's No. 100

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

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 29. E. 5th St. -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Franklin 36
(c) City or town: Washington 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 29. E. 5th St. - 20
(If rural, give location)
(e) If foreign born, how long in U. S. A.? none years.

3. (a) PRINT FULL NAME: HUGO CHARLES MUENCH
3. (b) If veteran, name war: no. -
3. (c) Social Security No.: no.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. (Month) 15 - (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
67	0	3	hr. min.

9. Birthplace: Newport (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business: -
FATHER 12. Name: Ferdinand Muench. -
13. Birthplace: Warren County Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Emma Hilberg.
15. Birthplace: Franklin Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Pauline Muench
(b) Address: Washington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 20-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Mo.
18. (a) Signature of funeral director: Otto & Co
(b) Address: Washington Mo
19. (a) Oct. 19-1941 (Date received by local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 18th year: 1941 hour: 9:50 minute: P. M.
21. I hereby certify that I attended the deceased from: May, 1938, to: Oct. 18 -, 1941; that I last saw him alive on: Oct. 18 -, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CHRONIC INTERSTITIAL NEPHRITIS AND UREMIA	2½ yrs. 6 days
Due to EPITHELIOMA OF LOWER LIP WITH METASTASIS - GENERAL	3½ yrs.
Due to ARTERIOSCLEROSIS - HYPERTENSION	Don't Know
Other conditions (Include pregnancy within 3 months of death) DOUBLE PLEURAL EFFUSION & ASCITES	

Major findings:
Of operations: NO OPERATION EXCEPT FREQUENT PARACENTISIS OF CHEST AND ABDOMEN.
Of autopsy: NONE HELD

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: H. A. May (M. D. or other) MD
Address: Washington, Mo. Date signed: 10-19-41

(Licensed Embalmer's Statement on Reverse Side)

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~~ none other, Registered Apprentice No. none working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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, fact should be so stated above.