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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32886

State File No. 3661

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: 1432 W. 35th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX
In this community: 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 432 West 35th 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Miss Jennie Munro
3. (b) If veteran, name war: XX
3. (c) Social Security No.: No
4. Sex: Fe 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: 0 Sgl
6. (b) Name of husband or wife: XX
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: Nov (Month) 29 (Day) 1877 (Year)
8. AGE: Years 14 Months 10 Days 4 If less than one day hr. min.
~~app. 70.~~
9. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: at Home.
11. Industry or business:
FATHER
12. Name: Charles C. Munro
13. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Katherine Kenmark
15. Birthplace: St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Katherine Munro
(b) Address: 432 West 35th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 6-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: J.W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 10-5-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1942 hour 7: minute 30 A. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Acute febrinous pericarditis
Due to: 4013
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: See above

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? (b) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: K.C. Mo Date signed 10/3/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. R. Heinschild

Licensed Embalmer No. 4159

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, fact should be so stated above.