

S. No. 2
I-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1943

Registration District No. 24/96

Primary Registration District No. 539-531-0

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Urbana, Johnson County

(c) Name of hospital or institution: 1st Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dallas

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Elio Le Vonne Munn

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

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 13 - 1942 years (Month) (Day) (Year)

7. Birth date of deceased. Oct 13 - 1942 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

24 hr. min.

9. Birthplace. Urbana (City, town, or county) MO (State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER

12. Name Marshall Elio Munn

13. Birthplace Dallas Co (City, town, or county) MO (State or foreign country)

14. Maiden name Berna Dime Donker

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

16. (a) Informant Marshall Elio Munn

(b) Address Urbana MO

17. (a) (Burial, cremation, or removal) 10/15/42 (b) Date thereof Oct 14 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Long Point

18. (a) Signature of funeral director Weyman P. Reuss

(b) Address Urbana MO

19. (a) 10/15/42 (b) Helen Davis (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1942 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 12 1942, to Oct 14 1942 that I last saw him alive on Oct 12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Death

Due to spontaneous malnutrition & heart

Due to

Other conditions (Include pregnancy within 3 months of death) 157e

Major findings: Of operations.

Of autopsy.

Duration 24 hr

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?

While at work? (Specify type of place) (e) Means of injury 10

23. Signature Elio Munn (M. D. or other) MA

Address Urbana MO Date signed 10/15/42

10 89

RECEIVED

District Health Officer No. 7,

District File Number 12-42-380

Date Filed 1-12-73

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.....

Licensed Embalmer No.....

P. O. Address.....

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.