V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

Registration District No. 179

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9866

Primary Registration District No. 5668

Registrar's No. 18

1. PLACE OF DEATH:

(a) County: LINCOLN

(b) City or town: RURAL (CLARK TWP)
(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 years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (~~LINCOLN~~) (b) County: LINCOLN 57

(c) City or town: RURAL (CLARK TWP) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: WILLIAM MUNZEL

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: MALE 0

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: ELIZABETH MUNZEL.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: JANUARY (Month) 15 (Day) 1858 (Year)

8. AGE: Years 89 Months 2 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace: HANOVER (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation: FARMER (RET)

11. Industry or business: OWN FARM.

MOTHER FATHER

12. Name: WILLIAM MUNZEL.

13. Birthplace: HANOVER (City, town, or county) GERMANY (State or foreign country)

14. Maiden name: ANNA LEPKE

15. Birthplace: HANOVER (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant: HENRY MUNZEL.

(b) Address: TROY, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR. 23 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: ANDERSON HILL CEM. LINCOLN CO

18. (a) Signature of funeral director: Kempker Funeral Home.

(b) Address: Troy, Missouri

19. (a) 3-23-47 (Date received local registrar) (b) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20 year 1947 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec 1945, 19..., to March 20, 1947; that I last saw him alive on March 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemmorhage	
Due to: Arterial Hypertension	
Due to: Arterio Sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 83A
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: 0

23. Signature: H S Harris (M. D. or other)

Address: Troy Mo Date signed: 3-21-47

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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 3-28-47

District File Number

District Health Office No. 9,

Re

MAR 22 1947

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.