S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4012

State File No.

Registrar's No.

37

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Rock Port. (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Rock Port. / (If outside city or town limits, write "RURAL")

(d) Street No. 6 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Angeline E Muntz

3. (b) If veteran, name war V

3. (c) Social Security No. X

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Zeno Muntz

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

7. Birth date of deceased Aug. (Month) 29 (Day) 1871 (Year)

8. AGE: Years 76 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Adair Co. (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation X

11. Industry or business X

FATHER
12. Name ~~Xxxxxxxxxx Noah~~ Joshua Noah
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) " " (State or foreign country)

16. (a) Informant Dick Muntz
(b) Address Rock Port. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hunter Cem.

18. (a) Signature of funeral director Bartholomew Mortuary
(b) Address Rock Port. Mo

19. (a) 1-11-48 (Date received local registrar) (b) Betty Crabtree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9, year 1948 hour 1'10 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 11, 1947 to Jan. 9, 1948 that I last saw her alive on Jan. 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	7Hrs
Due to Hpertension, nephritis chronic.	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131B

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 G. A. Reuther (M. D. or other) MD

Address Rockport, Mo Date signed 1-10-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Greg Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rod's Court

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.