

S. No. 2
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5-17-39
X35897

11321

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 3 1948
Registration District No. 292

Primary Registration District No. 6263

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Urbator
(b) City or town Sumner mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Finley Trust
(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 Urbator 112
(c) City or town Sumner Rt.
(If outside city or town limits, write "RURAL")
(d) Street No. Rd Finley Trust
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Munneagan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1948 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from Mar 1 1948, to Mar 10 1948
that I last saw him alive on Mar 4 1948
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Fannie Munneagan 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July 10 1867
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction
Duration Swye

8. AGE: Years Months Days If less than one day
80 8 0 hr. _____ min.

Due to _____
Due to _____

9. Birthplace Clark County Mo
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Sam Munneagan
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace A
(City, town, or county) (State or foreign country)

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 (C)

16. (a) Informant Elmer S. Munneagan (Son)
(b) Address Sumner mo
17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Walter Lemell Bergman
(b) Address Sumner mo
19. (a) Mar 15 1948 (b) Gilbert Jones
(Date received local registrar) (Registrar's signature)

23. Signature J. A. Lyson (M. D. or other) _____
Address Manufact 24 Date signed 3-11-48

(Licensed Embalmer's Statement on Reverse Side)

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

200

RECEIVED

District Health Officer No. 6;

District File Number 348-307

Date Filed MAR 31 1948

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 H. K. Kelley

Licensed Embalmer No. 9934

P. O. Address Fossiland 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.