No. 300
10.48

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8845

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 36 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1926 Picher Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 1926 Picher Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle):
c. (Last): MUENNIG

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1949

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 5, 1872
9. AGE (In years last birthday): 76 — If under 1 year: Months 6, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Johannes Muennig
13b. MOTHER'S MAIDEN NAME: Margaret Schmidt
14. NAME OF HUSBAND OR WIFE: Anna Elisabeth Muennig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Anna Muennig 1926 Picher Joplin, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mar 8, 1949, *to* Mar. 22, 1949, *that I last saw the deceased alive on* Mar 22, 1949, *and that death occurred at* 5:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. C. Coat (Degree or title): M.D.
23b. ADDRESS: Joplin Mo
23c. DATE SIGNED: 3-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 24, 1949
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 3-25-49
REGISTRAR'S SIGNATURE: Edd James 38 by Dolphie Hampton D.R.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thornhill-Dillon Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

49-3-258

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Carl A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Tyler, 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.