

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

41238

State File No. ....

BIRTH NO. 80573-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5307

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> <u>3648</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>CHARLES</u> c. (Last) <u>MUNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 13. 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC. 8. 1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>5</u> IF UNDER 24 HRS. Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EUGENE CHARLES MUNSON</u>		13b. MOTHER'S MAIDEN NAME <u>JACQUELYN DANE SHARP</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE CHARLES MUNSON</u> ADDRESS <u>2446 MONROE AVENUE KANSAS CITY, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemorrhage Both Lungs -</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u> ANTECEDENT CAUSES <u>PRE-MATURE AGE</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PRE-MATURE AGE</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7710</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8 Dec, 1949</u> , to <u>13 Dec, 1949</u> , that I last saw the deceased alive on <u>13 Dec, 1949</u> , and that death occurred at <u>10:53 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James W. Downey</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>800 ARGYLE - BLDG - K.C. MO</u>	
23c. DATE SIGNED <u>13 Dec - 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>DEC. 14 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY - MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.H. Newcomer's Sons</u> ADDRESS <u>1331 BUSH CREEK KANSAS CITY MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-14-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	

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

**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.....

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.**

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? —	
22. I hereby certify that I attended the deceased from <u>2-8</u> , 19 <u>49</u> , to <u>12-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-13</u> , 19 <u>49</u> and that death occurred at <u>10:53 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE  (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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.....

*D. J. Noflinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City, 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.