

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9175

FILED APR 1 1950

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 55-68 Registrar's No. 116

480

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Blue		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City Rural Blue	
c. LENGTH OF STAY (In this place) 24 months		d. STREET ADDRESS (If rural, give location) 11118 E. 8th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 11107 E. 6th Rural			

3. NAME OF DECEASED a. (First) Cora b. (Middle) Belle c. (Last) Munkers			4. DATE OF DEATH (Month) (Day) (Year) March 21, 1950		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 1, 1912		9. AGE (In years last birthday) 37		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 12 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk		10b. KIND OF BUSINESS OR INDUSTRY Evens Grocery Co.	
11. BIRTHPLACE (State or foreign country) Alanta, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME George W. Lewis		13b. MOTHER'S MAIDEN NAME Nattie Deheer		14. NAME OF HUSBAND OR WIFE Lester M. Munkers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 196 05 9872		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester M. Munkers, Kansas City 3, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION, DIRECTLY LEADING TO DEATH* (a) Carcinoma of the vulva		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating 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 type="checkbox"/> NO <input checked="" 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 9/3/47, 19__, to 13/21/50, 19__, that I last saw the deceased alive on 3/21/50, 19__, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Paul A. S. Johnson M.D.		23b. ADDRESS 3011A Independence Ave.		23c. DATE SIGNED 3/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar. 24, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) Kansas City 3, Mo.		DATE REC'D BY LOCAL REG. Mar 23 1950		REGISTRAR'S SIGNATURE [Signature]	
FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.			

MAR 28 RECD

APR 21 1959

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 _____

R. L. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.