

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1930

Do not use this space.

1. PLACE OF DEATH

(a) County MonteauRegistration District No. 571(b) Township WalkerPrimary Registration District No. 4335Registered No. 33(c) City or California

(d) Street No. _____

St.

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____

(Usual place of abode, if no street address, write county of city)

St. ☐

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb - 26 - 1930

8. AGE

10

YEARS

MONTHS

2

DAYS

13

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Student

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Mo

FATHER

13. NAME

Alfred Truman Munger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Reynolds Co Mo

MOTHER

15. MAIDEN NAME

Helene Brodnox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Peters Co Mo

17. INFORMANT (ADDRESS)

Truman Munger California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cem

DATE

5/13/40

19. FUNERAL DIRECTOR NAME (ADDRESS)

William H. Friedman California Mo

20. FILED

5-14-1940 A.R. Popejoy

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5-11-1940

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him _____ to _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Accidentally drowned in slough pond at Woolen Mills in California Mo

Date of onset

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis? View Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Where did injury occur? California Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Accidentally drowned

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 20

If so, specify

(Signed) A.R. Popejoy Coroner, M. D.(Address) California 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.....

Hugh E. Williams

Licensed Embalmer No.

3537

P. O. Address.....

California 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, above space should be left blank.