

Chart.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35820

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs Mo 2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 301 East Excelsior Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 East Excelsior Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINTED FULL NAME JOHN NELSON MUNSELL

3. (b) If veteran, name war Civil 3. (c) Social Security No. ---

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Emma Louella Munsell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 14 - 1849  
(Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 8 If less than one day \_\_\_\_\_ by \_\_\_\_\_ min.

9. Birthplace West Mansfield Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation grocery business

11. Industry or business Retired for 40 yrs.

12. Name Samuel A. Munsell

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Hope Skidmore

15. Birthplace Ohio Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Elmore

(b) Address Excelsior Springs Mo

17. (a) Cameron (b) Date thereof Oct 5 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation typical land

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs

19. (a) Oct 4 1939 (b) Mrs. R. M. Cracker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2 year 1939 hour 5-P.M. minute 15-P.M.

21. I hereby certify that I attended the deceased from 8-20 1939 to 10-2 1939.  
that I last saw him alive on Oct-2 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute lesion  
Ch. interstitial nephritis  
Duration Don't know

Due to General debility with vesicula

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 121

Major findings: Of operations ✓

Of autopsy ✓

Underline the cause to which death should be charged statistically

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 none

23. Signature H. J. Clark (M. D. or other)

Address Excelsior Springs Mo Date signed 10/2/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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.

REV. 5-17-30  
U. S. G. P. 1 X1951

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/2/39

**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 \_\_\_\_\_

Scott Willis Hockensmith, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Sw. Hockensmith  
Licensed Embalmer No. 3597  
P. O. Address Excelsior Springs

**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.