

9476

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 104

Registrar's No. 17

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 309 Railroad Ave  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution \_\_\_\_\_; In Community 5 yrs.; In Arizona 5 yrs.  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz. (b) County Gila (c) City or Town Claypool  
(If outside city limits also write RURAL)

(d) Street No. 309 Railroad Ave. (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Kenneth Taylor Munn (b) If Veteran name war \_\_\_\_\_ (c) Social Security No. 2000

4. Sex Male 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased Jan. 11 1940  
(Month) (Day) (Year)

8. AGE: Years 7 Months 10 Days 20 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Tucson Ariz. N. Mex.  
(City, town or county) (State or Country)

10. Usual Occupation \_\_\_\_\_

11. Industry or Business \_\_\_\_\_

Father { 12. Name Horace Wayne Munn  
13. Birthplace Rich Texas  
(City, town or county) (State or Country)

Mother { 14. Maiden Name  Evelyn V. Cheek  
15. Birthplace Dallas Tex.  
(City, town or county) (State or Country)

16. (a) Informant's own signature H. H. Munn  
(b) Address Claypool Ariz.

17. (a) Burial, Cremation or Removal Burial  
(b) Place Miami Ariz. (c) Date Mar 9 1947

18. (a) Embalmer's Signature J. Mey Miles Jr.  
(b) Funeral Director Miles Mortuary  
(c) Address Miami Ariz.

19. (a) March 11 1947  
(Date received Local Registrar's Certificate)  
(b) Harold D. Boyer  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) March 7 1947  
TIME (Hour and minute) 11:30 A.M.

21. I hereby certify that I attended the deceased from 3-4-47 to 3-7-47  
that I last saw him alive on 3-7-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure  
Due to myocarditis  
Due to Diphtheria  
Other conditions (Include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION

3 wks

PHYSICIAN

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? \_\_\_\_\_  
(Specify type of place)

While at work? Yes  
23. Signature Harold D. Boyer  
Address Miami, Ariz. Date signed 3-12-47 M. D.