

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

AY 15 1937

15092

**1. PLACE OF DEATH**

County..... Jackson  
 Township Kaw  
 City..... Kansas City (No. 2807 Jackson)

Registration District No. 399  
 Primary Registration District No. 1002

File No. ....  
 Registered No. 1638  
 St. 1638 Ward)

**2. FULL NAME** Richard D. Kunzweiler

(a) Residence, No. 2807 Jackson St. .... Ward. ....  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
13 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milton Moore School  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) MO

FATHER 13. NAME Henry Kunzweiler  
 14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Katie Klöppel  
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Katie Phillips (ADDRESS) 2807 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 4-7-37 19.

19. UNDERTAKER QUIRK & TOBIN COMPANY (ADDRESS) 20 West Linwood

20. FILED 4-5 1937 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from any 1937, to April 3, 1937  
 I last saw him alive on April 2, 1937. Death is said to have occurred on the date stated above, at 5:40 a.m.

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

Tuberculosis of kidneys Date of onset 1 year ago  
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Other contributory causes of importance:

Pyogenic pleurisy and general infection of lower extremities

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....

(Signed) E. J. Rilling M. D.  
 (Address) 415 19 North Blvd. R.C. Mo.

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.

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