

REC'D APR 14 1938

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

11478
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
(b) Township Saline Primary Registration District No. 4330
(c) City Eldon (d) Street No. _____ Registered No. 20
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME EMMA JANE KUNA 500

(a) Residence, No. Louisiana St. Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-24-1909
7. AGE YEARS 28 MONTHS 5 DAYS 12 if LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
9. Industry or business in which work was done, as saw mill, bank, etc. and clerk
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Albert Kuna
14. BIRTHPLACE (CITY OR TOWN) Bohemia (STATE OR COUNTRY) _____

15. MAIDEN NAME Lillie Mc Magarlie
16. BIRTHPLACE (CITY OR TOWN) Paris Mo (STATE OR COUNTRY) _____

17. INFORMANT Lloyd Kuna (ADDRESS) Louisiana Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE LOUISIANA Mo. DATE April 6 1938

19. FUNERAL DIRECTOR Frank Haley-Louisiana (ADDRESS) [From Eldon Funeral Home] Mo

20. FILED 4-6 1938 Belle Hayes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 4/6, 1938

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 A. M.

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

Broken neck - accident due to collision of locomotive engine with automobile, in which she was riding
Other contributory causes of importance: 206

Name of operation _____ Date of _____
What test confirmed diagnosis Witness 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 4/6, 1938

Where did injury occur? Eldon Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway No 5 &
Manner of injury _____
Nature of injury Collision

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) G. D. Walker M. D.
(Address) Eldon Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FORM 7-28-37 I X 12004

JUN 27 1952

STATEMENT BY LICENSED EMBALMER

I, Keith M. Kays, Licensed Embalmer No. 3998

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Keith M. Kays
Licensed Embalmer No. 3998

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.)