

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

14104

Do not use this space.

1. PLACE OF DEATH **REC'D MAY 17 1938**

(a) County.....Buchanan..... Registration District No.....85

(b) Township..... Primary Registration District No.....1001 Registered No.....466

(c) City.....St. Joseph..... (d) Street No.....Missouri Methodist Hospital St.

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

(e) Length of residence in city or town where death occurred yrs. mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Kunz 50-0

(a) Residence, No. Cosby, Missouri St. Osage Mo.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
male	white	married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lydie Kunz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 22, 1872</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	7	3	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>			
	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 <u>life</u>			
12. BIRTHPLACE (CITY OR TOWN) <u>Helena</u> <u>6</u>				
(STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Christian Kunz</u> <u>7</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> <u>7</u>			
(STATE OR COUNTRY) <u>Switzerland</u>				
MOTHER	15. MAIDEN NAME <u>Mary Wenger</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u>			
(STATE OR COUNTRY) <u>Switzerland</u>				
17. INFORMANT <u>Mrs. Lydia Kunz</u>				
(ADDRESS) <u>Cosby, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Cosby Evangelical</u> DATE <u>4/28</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR <u>Walter Meierhoffer</u>				
(ADDRESS) <u>1302 Faraon St., St. Joseph</u>				
20. FILED <u>4-28</u> 19 <u>38</u> <u>W. H. H. H. H.</u>				
Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 25</u> 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>4-13-38</u> 19 <u>38</u> to <u>4-25-38</u> 19 <u>38</u>	
I last saw him alive on <u>4-25</u> 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>5:15</u> pm.	
The principal cause of death and related causes of importance were as follows:	
<u>Pneumonia (hypostatic)</u>	Date of onset <u>4-23-38</u>
Other contributory causes of importance <u>46-</u>	
Name of operation <u>Rectum (carcinoma)</u> Date of <u>4-19-38</u>	
What test confirmed diagnosis <u>histology</u> Was there an autopsy? <u>yes</u>	
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? <u>yes</u>	
If so, specify _____	
(Signed) <u>Floyd H. Jones</u> M. D.	
(Address) <u>Central Bldg</u>	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. F. Spencer - 2-2331

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Wilbur H. Kelly
Licensed Embalmer No. Mo. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)