

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

24469
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1007
 (c) City Fansas City (d) Street No. 1936 E 72nd Registered No. 2974
 (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 Arthur J. Gundelfinger 57-34
 (a) Residence, No. 1936 E 72nd St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Mary Gundelfinger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 - 1863
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 10 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Live Stock
 9. Industry or business in which work was done, as law mill, bank, etc. Exchange
 10. Date deceased last worked at this occupation (month and year) July 22, 1938 11. Total time (years) spent in this occupation. 0
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 FATHER 13. NAME John Gundelfinger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 MOTHER 15. MAIDEN NAME Ann W. DeBke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (NAME) Mrs. Etta M. Gundelfinger
 (ADDRESS) 1936 E 72nd
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE July 25 1938
 19. FUNERAL DIRECTOR (NAME) D. W. Newcomb
 (ADDRESS) Brush creek & also
 20. FILED July 25, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938
 I HEREBY CERTIFY, That I attended deceased from July 23 1938 to July 23 1938
 last saw him/her alive on Jan 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
 Other contributory causes of importance: Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? 1
 If so, specify _____
 (Signed) J. J. Davis M. D.
 (Address) 11010 Professional Pl.

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.

*Prof. B. C. Carr
3 PM*

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Neil Carr

Licensed Embalmer No.

3976

P. O. Address.....

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.