REC'D AUG 10 1938

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

24697
Do not use this space.

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1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Primary Registration District No. 3006 Registered No. 171
(c) City Columbia (d) Street No. 239 Sexton Rd 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ERNEST SPENCER KUNKEL 524
(a) Residence, No. 239 Sexton Rd St.
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1900

7. AGE YEARS 37 MONTHS 10 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bread Salesman
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo. 0

FATHER
13. NAME Henry Kunkel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 0

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

17. INFORMANT (ADDRESS) Mrs. Ernest Kunkel 239 Sexton Rd Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Mo DATE 7-31 1938

19. FUNERAL DIRECTOR (ADDRESS) Parkers Columbia, Mo.

20. FILED 7/30/ 1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936 to July 28 1938
I last saw him alive on July 28 1938 Death is said to have occurred on the date stated above, at 7:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Transverse Myelitis	8/15/36

810

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Hesitancy & Spurgeon 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) R. F. Birdsong M. D.
74 (Address) Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, W. V. McKitrick, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. V. McKitrick

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. V. McKitrick

Licensed Embalmer No. 3893

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