

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

FILED FEB 9 1940

4141
Do not use this space.

1. PLACE OF DEATH
 (a) County Wayne Registration District No. 890
 (b) Township St. Francois Primary Registration District No. 6789
 or Greenville (c) City Greenville (d) Street No. 4539 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 Mary Louise Kunkleman
 (a) Residence, No. Same 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1939.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>2</u>	<u>25</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Greenville 0

FATHER
 13. NAME Thronton Kunkleman 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

MOTHER
 15. MAIDEN NAME Otta Hubbs
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Thronton Kunkleman

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Cemetery DATES Jan. 28, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Yates
Piedmont, Mo

20. FILED Jan 30, 1940 Mabel Beasley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 22, 1940 to Jan 27, 1940
 I last saw him alive on Jan 26, 1940 Death is said to have occurred on the date stated above, at 5:40 m.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 1/20/40

Other contributory causes of importance: None

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? No
 If so, specify _____
 (Signed) O. D. Myron, M. D.
 (Address) Greenville, 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.

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..... *Ida M. Yates*

Licensed Embalmer No. *2572*

P. O. Address..... *Piedmont, Me.*

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.