

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

Do not use this space.

**14599**

**1. PLACE OF DEATH**

County Chariton

Registration District No. 175

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4104

Registered No. 25

City Salisbury (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 0 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Theresa Kunkel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1856

7. AGE YEARS 83 MONTHS 8 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, 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) Indiana

13. NAME Mike Kunkel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Schrum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Theresa Kunkel  
Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wain Cemetery DATE 4-9 1940

19. UNDERTAKER (ADDRESS) Geo Blunkel Meyer  
Salisbury Mo

20. FILED 4/8 1940 Jus. Stein's Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-30 1940 to 4-7 1940

I last saw him alive on 4-6 1940. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Senile Dementia Date of onset \_\_\_\_\_

Other contributory causes of importance: Chronic Myocarditis

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) Jus. Stein's, M. D.

(Address) Salisbury Mo

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

21  
5  
8

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 3/3/20

This body was embalmed by  
Derk R. Kunkelmejer

Derk R. Kunkelmejer  
Business no. 398  
Salisbury, Mo.