

Registration District No. 522

Primary Registration District No. 4305

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Marceline Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B.B. Putman Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital - 24 hr.
(Specify whether
In this community 45 yr.
years, months or days) 50 yr.

3. (a) PRINT FULL NAME MINNIE MARGUERITE KUNKLER
8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Kunkler 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept 16 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Chariton Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name B. J. Yount
13. Birthplace Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bevard
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Kunkler
(b) Address Marceline Mo.

17. (a) Burial (b) Date thereof June 10 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Claret

18. (a) Signature of funeral director Geo M. Jancalin
(b) Address Marceline Mo

19. (a) 6-10-40 (b) Clara L Barrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn
(c) City or town Marceline Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 123 W Booker
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1940 hour 1 minute AM.

21. I hereby certify that I attended the deceased from Dec 29, 1939, to June 9, 1940;
that I last saw her alive on June 9, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia ✓

Due to Hypertension 6 years

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 451

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature G B Putman (M. D. or D.O.)
Address Marceline Date signed 6/10/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

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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..... *Blanche M. Laughlin*

Licensed Embalmer No. *1909*

P. O. Address..... *Marceline M.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 18901

Registration District No. 502

Primary Registration District No. 4305-

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marscline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Missie M. Kunkler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced on

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 23 If less than one day _____ min

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH _____ Month Jan day 9 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death uremia

Due to Hypertension
Chronic Nephritis

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
(e) Means of injury _____

23. Signature G. B. Putnam (M. D. or other) M.D.
Address Marscline Mo Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

HOWLIT PIONEER

S-18901