

Registration District No. 657

Primary Registration District No. 4393

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Altenburg Mo.
(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 20
(Specify whether years, months or days)

In this community 69 Years
years, months or days

3. (a) PRINT FULL NAME Gustav Frederick Kuntze

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color White race

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Kuntze

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 19 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 1 If less than one day
hr. min.

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

10. Usual occupation Shoe Maker

11. Industry or business _____

12. Name William Kuntze

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

14. Maiden name Unkown

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

16. (a) Informant Baron Buntze

(b) Address Altenburg Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 22 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Altenburg Mo.

18. (a) Signature of funeral director young's sons

(b) Address Perryville Mo.

19. (a) 9-21-1940 (Date received local registrar)

(b) Adolf G. Schmidt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Altenburg Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1940 hour 6 minute A 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 Cranial hemorrhage

Due to Shooting with 32 calibre pistol.

Due to Dependancy + disease of kidneys + bladder

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

Major findings: _____

Of operations _____

Of autopsy none

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) suicide

(b) Date of occurrence Sept 20 1940

(c) Where did injury occur? at his home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 500 at home

(e) While at work? no (Specify type of place) _____

(f) Means of injury Shooting

23. Signature W. A. Bailey (M. D. or other) _____

Date signed 9/20 1940

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

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.....

Licensed Embalmer No.

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, fact should be so stated above.