

FILED DEC 10 1940

State File No. _____

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 2 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CLARK
(c) City or town Kahoka, Rural
(If outside city or town limit, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mr. Henry Kuntz,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: Gladys Lipper 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased: August 31 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Jacob Kuntz
13. Birthplace DK Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma Kuhn
15. Birthplace DK Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Henry P. Kuntz
(b) Address Kahoka, Missouri

17. (a) Burial (b) Date thereof 11-22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Karle Funeral Home
(b) Address Kahoka, Missouri

19. (a) Nov 22, 1940 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1940 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 7, 1940 to Nov 19, 1940
that I last saw him alive on Nov 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: operated upon 9th for abdominal adhesions
Due to obstruction probably peritonitis
Due to _____

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

Major findings: as above
Of operations: _____
Of autopsy: _____

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? _____

3 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Spencer L. Freeman (M. D. or other) 3
Address Kahoka, Mo Date signed Nov 14

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 12-40-4729

Date Filed Dec 5, 1940

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 Harold V. Krizal

Licensed Embalmer No. 4076

P. O. Address Kirkville, Mo.

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.