No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17437

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2099

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 55 Yrs. Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 58

(c) City or town Kansas City Mo 3 (If outside city or town limits, write "RURAL") 8

(d) Street No. 3843 Garfield (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOHN UNRINE

3. (b) If veteran, name war —

3. (c) Social Security No. 496-07-1395

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Mrs Anna Unrine

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Oct (Month) 20 (Day) 1881 (Year)

8. AGE: Years 59 Months 7 Days 28 If less than one day hr. min.

9. Birthplace 8 (City, town, or county) Brazil (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Unrine
13. Birthplace 6 (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Catherine Dreker
15. Birthplace 6 (City, town, or county) Russia (State or foreign country)

16. (a) Informant Nick Unrine
(b) Address Vineyard Pk Hosp

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-41 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison Kans

18. (a) Signature of funeral director C. A. Theisen
(b) Address 2512 Holmes St K.C. Mo.

19. (a) May 28, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 5-28-41
year hour minute M.

21. I hereby certify that I attended the deceased from 12 15 a. to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to Acute coronary occlusion

Due to 94a

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations
Of autopsy

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)
While at work (e) Means of injury 3

23. Signature [signature] (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.