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FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21789

State File No. _____

Registration District No. 375

Primary Registration District No. 5522

Registrar's No. 10

1. PLACE OF DEATH: Holt, Missouri
 (a) County: _____
 (b) City or town: New Point, Rural
 (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 _____
 In this community Twenty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Holt
 (c) City or town New Point Mo. Rural
 (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.? 0 years.

3. (a) PRINT FULL NAME MRS. ANNA LAURA KUNKEL
 (b) If veteran, name war _____
 (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 11 1941
 year _____ hour 3:15 minute _____ M.
 21. I hereby certify that I attended the deceased from 6-11-41
 _____, 19____, to 6-11- 1941
 that I last saw her alive on 6-11- 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Raymond Kunkel
 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased May-7-1901
 (Month) (Day) (Year)

Immediate cause of death Acute dilatation of heart
 Duration _____
 Due to _____
 Due to _____
 Other conditions Post partum hemorrhage
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>1</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name Robert L. Edwards
 13. Birthplace unknown, Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Antherford
 15. Birthplace unknown, Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Kunkel
 (b) Address New Point Mo

17. (a) New Point (b) Date thereof June-13-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Point, Mo

18. (a) Signature of funeral director W. L. Whelan
 (b) Address Savannah Ga

19. (a) June 12-41 (b) Edith Lent
 (Date received local registrar) (Registrar's signature)

Physician _____
 Major findings: _____
 Of operations _____
 Of autopsy none
Asked for but demurred.

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

23. Signature E. M. Findley (M. D. or other) MD
 Address Shaw Mo Date signed 6/12/41

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.....

Fred Terhune

Licensed Embalmer No. *1279*

P. O. Address. *Savannah*

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.