

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34894

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 804

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

1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Wks.  
(Specify whether years, months or days)  
 In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1807 W. Scott  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Phillip H. Kunz

3. (b) If veteran, name war No 3. (c) Social Security No. 491-05-2808

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kizzie Kunz 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Aug. 10 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lincoln Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Florist

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Phillip Kunz  
 13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kizzie Kunz  
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Oct. 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park H. H. Lohmeyer

18. (a) Signature of funeral director Springfield, Mo.

(b) Address \_\_\_\_\_  
 19. (a) 10-10-41 (b) W. E. Handley, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7  
 year 1941 hour 9 minute \_\_\_\_\_ P. \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from June 21 1941 to Oct. 7 1941  
 that I last saw him alive on Oct. 7 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
 Duration 4 Wks.

Due to \_\_\_\_\_

Due to Chr. Myocarditis

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (Specify means of injury)

Signature W. E. Handley, M.D. (M. D. or other) \_\_\_\_\_  
 Date signed 10/21/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 12 1941

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 *me*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*L. A. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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, fact should be so stated above.**