

FILED DEC 11 1941

Registration District No. *1-1*

Primary Registration District No. *3023 570 23*

Registrar's No. *139*

1. PLACE OF DEATH:

(a) County *Johnson*  
(b) City or town *Warrensburg*  
(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 *55 yrs.* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *Robert Faires Kunkel.*

3. (b) If veteran, name war *none* 3. (c) Social Security No. *none*

4. Sex *male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *married*  
6. (b) Name of husband or wife *Bertha Kunkel.* 6. (c) Age of husband or wife if alive *63* years  
7. Birth date of deceased *April 15 - 1877*  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
*64 7 2* hr. min.

9. Birthplace *Williamstown Ky.*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Barber.*

11. Industry or business

MOTHER FATHER { 12. Name *John Henry Kunkel.*  
13. Birthplace *Unknown Germany*  
(City, town, or county) (State or foreign country)  
14. Maiden name *Anna Erb*  
15. Birthplace *Unknown Germany*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs Robert F. Kunkel*  
(b) Address *Warrensburg Mo.*

17. (a) *Burial* (b) Date thereof *Nov-19-1941*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Sunset Hill*

18. (a) Signature of funeral director *Sweeney - Phillips*  
(b) Address *Warrensburg Mo.*

19. (a) *Nov 19 - 1941* (b) *Leola M. Williams*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Johnson*  
(c) City or town *Warrensburg*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *319 W. Gay St.*  
(If rural, give location)  
(e) Citizen of foreign country? *No* (Yes or No)  
If yes, name country *0*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *17*  
year *1941* hour *4:30* minute *0* A. M.

21. I hereby certify that I attended the deceased from *July 16, 1941*  
to *Nov 16, 1941*  
that I last saw him alive on *Nov 16, 1941*  
and that death occurred on the date and hour stated above.

Immediate cause of death

*Pulmonary embolism 12 hrs.*

Due to *congestive heart failure 6 mos*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *932*

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) Means of injury

23. Signature *W. L. ...* (M. D. or other)  
Address *Warrensburg, Mo.* Date signed *11/19/41*

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

RECEIVED

District Health Officer No. 8

District File Number -----

Date Filed 12-10-41 -----

AUG 30 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.....

.....*Earl Priest*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Earl Priest*.....

Licensed Embalmer No. *3878*.....

P. O. Address *Warrensburg 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.