

FILED OCT 7 1942

State File No.

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 50

1. PLACE OF DEATH: Barton

(a) County Barton

(b) City or town Lamar
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RHODA FAYE KUNKLER

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 28th, 1930
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>11</u> | <u>10</u> | <u>6</u> | _____ hr. _____ min. |

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Earl Kunkler

13. Birthplace Lamar MO.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Kratz

15. Birthplace Bathany, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Kunkler
(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 9-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director RIVER FUNERAL HOME
(b) Address Lamar, MO.

19. (a) 9-6-42 (b) Martha Kunkler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4th
year 1942 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Aug. 21, 1942 to Sept. 4, 1942
that I last saw her alive on Sept. 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Vascular Heart Lesion

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 95c

Major findings:
Of operations _____
Of autopsy _____

Duration
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) (e) Means of injury _____
23. Signature Thos. F. Miller (M. D. or other)
Address Lamar, Mo. Date signed 9-5-42

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

RECEIVED

District Health Officer No. 6,

District File Number 1042-1433

Date Filed OCT 6 1942

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 with the above constitutes grounds for revocation of license.)

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