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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 62

Registration District No. 139

Primary Registration District No. 5537

44
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Rural. Liberty, Mo.
(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 69 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Holt. 44
(c) City or town Rural. 0
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Loy Kunkel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 10th. year 1942 hour 7 O'clock minute 10 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____ that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 25th. 1873. (Month) (Day) (Year)

Immediate cause of death. Coronary Thrombosis
Duration _____

8. AGE: Years 69 Months 4 Days 15 If less than one day hr. _____ min. _____

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

9. Birthplace Holt County. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER, FATHER { 12. Name Moses Kunkel
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Fannie Hay. (City, town, or county) (State or foreign country)
15. Birthplace Ohio. (City, town, or county) (State or foreign country)

16. (a) Informant Louie Kunkel
(b) Address Mound City, Mo.
17. (a) Burial (b) Date thereof Sept. 13/42 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation New Liberty Cemetery
18. (a) Signature of funeral director J.H. Crawford
(b) Address Mound City, Missouri.
19. (a) 9-12-42 (b) Pauline Lawton (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature F.E. Hogan (M. D. or other)
Address Mound City Date signed 9-12-42

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 W. H. Crawford
Licensed Embalmer No. 1824
P. O. Address Mound City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to the above constitutes grounds for revocation of license.)

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