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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3823  
State File No. \_\_\_\_\_  
Registrar's No. **948**

FILED DEC 11 1943  
Registration District No. **128**

Primary Registration District No. **5465**

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

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Rural Springfield N. Campbell MO**  
(If outside city or town limits, write "RURAL" and name of township)  
Name of hospital or institution:  
**NURSING HOME # R.F.D # 4**  
(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 **MO.** (b) County **GREENE**  
(c) City or town **Springfield Rural, N. Campbell, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. # 10**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY E. KUNZMAN**  
(b) If veteran, name war **NONE**  
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **NOV.** day **24**  
year **1943** hour **2** minute **40 P.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
(b) Name of husband or wife **JOHN W. KUNZMAN** (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **March 1873**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11, 22, 43** 19 to **11, 24, 43** 19  
that I last saw her alive on **11, 24, 43** 19  
and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **8** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Arterio-sclerosis - Hemorrhage, cerebral**  
Duration **Don't know 24hrs.**

9. Birthplace **Unk. IOWA**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **HOUSE WIFE**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business **AT HOME**

12. Name **Moses Stout**

13. Birthplace **Unk. New Jersey**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Frank**

15. Birthplace **Unk. Pa.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John W. Kunzman**  
(b) Address **SPRINGFIELD R.F.D # 10. MO.**

17. (a) **Burial** (b) Date thereof **NOV. 27 - 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cem**  
18. (a) Signature of funeral director **J.W. Klingner & Co.**  
(b) Address **SPRINGFIELD MO.**  
19. (a) **11-26-43** (b) **D.V. W. Handley**  
(Data received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **J. M. ...** (M. D. or other) \_\_\_\_\_  
Address **Springfield, Mo.** Date signed **11-26-43**

984 (Licensed Embalmer's Statement on Reverse Side)

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

.....  
Licensed Embalmer No. 40710

.....  
P. O. Address Springfield

**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.**