

FILED FEB 3 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5847 E. 9 St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lon Kunkler
(b) If veteran, name war No
(c) Social Security No. 496-09-167

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 12
year 1944 hour 5 minute A. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased: 10 / 13 / 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 26, 1943 to January 12, 1944, that I last saw him alive on January 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart disease-Myocardial infarction

8. AGE: Years 59 Months 2 Days 29 If less than one day _____ min.

Due to _____
Due to 93d

9. Birthplace Calio (City, town, or county) Mo (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Blacksmith Helper

Major findings: _____
Of operations: _____

11. Industry or business K. C. Terminal R.R.

Of autopsy See above

12. Name Samuel Kunkler

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

14. Maiden name Mary Baldwin

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

16. (a) Informant Mrs. Clara Kunkler

17. (a) Burial (b) Date thereof 1 / 14 / 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washburn

18. (a) Signature of funeral director J. P. Sheil

(b) Address Kansas City Mo

19. (a) Jan 14 1944 (Date received local registrar) F. E. Brown (Registrar's signature)

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 type of injury)

23. Signature A. E. Weiser (M. D. or other) Med. Dir. Gen'l Hosp.
Address _____ Date signed 1-12-44

PHYSICIAN
Duration _____
Underline the cause to which death should be charged statistically.

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 the above constitutes grounds for revocation of license.)

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