

**FILED JUN 29 1944**

Registration District No. **149**

Primary Registration District No. **1002**

**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:  
**St. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 days**  
(Specify whether  
In this community **45 years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4300 Bell**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **GEORGE KUNKEL**

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

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

6. (b) Name of husband or wife **Ida May** 6. (c) Age of husband or wife if alive **14** years

7. Birth date of deceased **April 6, 1866**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **2** Days **13** If less than one day hr. min.

9. Birthplace **Springfield, Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired 14 years**

11. Industry or business **Columbia Steel Tank Co.**

12. Name **William**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. J. Stephens**

(b) Address **1611 S. St. Blvd**

17. (a) **Burial** (b) Date thereof **6/22/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Cemetery**

18. (a) Signature of funeral director **Quirk & Dolin**

(b) Address **20 St. Linwood Blvd**

19. (a) **6-20-44** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **6** day **19**  
year **1944** hour **8:** minute **30** P. M.

21. I hereby certify that I attended the deceased from **June 18-44**  
**June 19**, 1944, to **19**, 1944  
that I last saw him alive on **June 19**, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock surgical following**  
Due to **operation prostate gland enlargement.**  
Due to

Other conditions (Include pregnancy within 3 months of death) **137a**

Major findings:  
Of operations   
Of autopsy

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   
Signature **Clarence J. Copell** (M. D. or other)  
Address **1235 Walnut Blvd K.P. Mo.** Date signed **June 20**

Duration

**6 hrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48339

**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 John J. Conway, Registered Apprentice No. 307  
working under my personal supervision

Signed Harold Benz  
Licensed Embalmer No. 4091

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.**