

FILED JUL 24 1944
 Registration District No. **72**

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **13 days**
 In this community **13 days**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Kansas** (b) County **Doniphan 999**
 (c) City or town **Rural #2, Wathena 14**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **2**

3. (a) PRINT FULL NAME **Ruth Mary Stunz**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **female**
 5. Color or race **white**
 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 **October 13 1905**
 (Month) (Day) (Year)

8. AGE: Years **38** Months **5** Days **0**
 If less than one day _____ hr. _____ min.

9. Birthplace **Wathena Kansas**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER {
 12. Name **William Stunz**
 13. Birthplace **Wathena Wathena**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sophia Ramseier**
 15. Birthplace **Wathena Kansas**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Stunz**
 (b) Address **Rural #2, Wathena, Kansas**

17. (a) **Removal** (b) Date thereof **7/13/1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wathena, Kansas**

18. (a) Signature of funeral director **Walter Meierhoffer**
 (b) Address **1302 Farson St., St. Joseph, Missouri**

19. (a) **7/13/44** (b) **Walter Meierhoffer**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **13th**
 year **1944** hour **10:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **July 1st**
 1944 to **July 13th** 1944
 that I last saw her alive on **July 13th** 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis**
 Duration **3 weeks**

Due to **Ruptured appendix**

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
12/11

Major findings:
 Of operations **Abdomen full of pus**
Ruptured appendix
 Of autopsy **same**
 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? _____ (c) Means of injury _____

23. Signature **Paul J. Jansen** (M. D. examiner)
 Address **St Joseph, Mo** Date signed **7-14-44**

JUL 1 1955

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.