

S. No. 2
1-3-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
POPULATION SERVICE
FILED AUG 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27949

State File No. _____

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 85

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Rural Prairie Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jackson County Ed Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
 In this community... 30 yrs.

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

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2nd
 year 1944 hour 12 minute 10 P.M.
 21. I hereby certify that I attended the deceased from June 23rd, 1944, to June 30th, 1944, that I last saw her alive on June 30, 1944, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife James H. Junkins
 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased April 26 1863
(Month) (Day) (Year)

Immediate cause of death Calculation of none chronic myocarditis chronic glomerulonephritis
 Duration 2 1/2 hrs

8. AGE: Years 81 Months 2 Days 6
 If less than one day hr. min.

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

9. Birthplace Champaign Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER 12. Name Frederick Bunnigarten

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

14. Maiden name Elsabeth Bunnigarten

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

16. (a) Informant James H. Junkins

(b) Address Route one Independence Mo

17. (a) Burial (b) Date thereof July 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield

18. (a) Signature of funeral director George B. Carson

(b) Address Independence Mo

19. (a) July 5 1944 (b) F. M. Schick
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (c) 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 kind of place) (c) Means of injury
 23. Signature [Signature] (M. D. or other) [Signature]
 Address [Signature] Date signed 7-3-44

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

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

400 P. O. BOX 11917

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 *George C. Carson*

Licensed Embalmer No. *2249*

P. O. Address *Indep. Mo.*

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.