

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4408

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. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
 (Specify whether years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1615 Wyandotte 8
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ n

3. (a) PRINT FULL NAME Ben Yunker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 24 1865
 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Budapest & Hungary
 (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Retired

MOTHER, FATHER { 12. Name unknown
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Robert Elk Gen. Snights

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 11/1/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McClary Cem

18. (c) Signature of funeral director Snow Stephens

(b) Address 21315 - Pennwood

19. (a) 11-1-44 (b) D. E. Brown
 (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
 year 1944 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 16 1944 to Oct. 28 1944
 that I last saw him alive on Oct. 28 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung Duration _____

Due to _____

Due to 47 d.

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

Major findings: _____
 Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. E. Washer (M. D. or other) MD

Address Med. Dir. 23 McClary Date signed 10-28-44

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

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.....

Ray E Snow

Licensed Embalmer No. *2520*

P. O. Address.....

K E M

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.