S. No. 2
M—2-43
. 5-17-39
P 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1945

State File No. 22964

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2834

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:
Research Hospital ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2637 Denver
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GEORGE GUNNELL

3. (b) If veteran, name war None

3. (c) Social Security No. 495-05-7769

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucie Gunnell

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 23 rd, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	12	hr. min.

9. Birthplace New York City (City, town, or county) N.Y. 1 (State or foreign country)

10. Usual occupation Traffic Manager

11. Industry or business Berkowitz Envelope Co.

FATHER
12. Name Hunter Gunnell
13. Birthplace Unknown (City, town, or county) Ala. 1 (State or foreign country)

MOTHER
14. Maiden name Anna George
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Lucie Gunnell
(b) Address 2637 Denver Kansas City. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 7-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 th year 1945 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 25 1945, 19__, to July 5, 1945, that I last saw him alive on July 5, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	1 week
Due to Uremia	10 days
Due to Prostatic Hypertrophy	years
Other conditions (Include pregnancy within 3 months of death)	

95C2

Major findings:
Of operations
Of autopsy Cardiac Decompensation
Hydronephrosis

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? (e) Means of injury 0

23. Signature Douglas L Jackson MD (M. D. or other)
Address 1019 Rm Bldg Date signed 7/6/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. ~~R. D.~~ Hoffman
Professional Bldg.
Ha 4022

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. 2999

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.