

FILED APR 10 1946
Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St Joseph**
(c) Name of hospital or institution **St Joseph Hosp # 2**
(d) Length of stay: In hospital or institution **9 yrs 1 mo 16 da**
In this community **9 yrs 1 mo 16 da**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene**
(c) City or town **St Joseph**
(d) Street No. **-**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Kent Punneo Punneo**

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

4. Sex **M** 5. Color or race **N** 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 **not given**

8. AGE: Years **53** Months **2** Days **2** If less than one day **0**

9. Birthplace **Mo**

10. Usual occupation **none**

11. Industry or business **-**

12. Name **Doc Punneo**

13. Birthplace **Ill**

14. Maiden name **Corey**

15. Birthplace **Mo**

16. (a) Informant **A. S. Burges**

(b) Address **St Joseph Mo**

17. (a) **Residual** (b) Date thereof **Mar 17 1946**

(c) Place: burial or cremation **Tattoung Mo**

18. (a) Signature of funeral director **Mr J. S. Thacker**

(b) Address **Tattoung Mo**

19. (a) **March 15 1946** (b) **J. S. Thacker**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **15** year **1946** hour **9:50** minute **0** M.

21. I hereby certify that I attended the deceased from **Mar 13** 1946 to **Mar 15** 1946; that I last saw him alive on **Mar 14** 1946; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Heart Disease (Coronary Arteriosclerosis)**

Due to **-**

Due to **-**

Other conditions (Include pregnancy within 3 months of death)

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? **-**

(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 **J. S. Thacker** (M. D. or other) **-**
Address **St Joseph # 2** Date signed **3/15/46**

Duration **7 hrs**
PHYSICIAN **-**
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

3X

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.....

Mrs. Ida L. Gomer

Licensed Embalmer No.....

3022

P. O. Address.....

Pattonburg 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.