S. No. 2
M—5-43
. 5-17-39
D I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15628

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 69

1. PLACE OF DEATH
(a) County Audrain
(b) City or town Mexico, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shelby 102
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes~~ or No) 1
If yes, name country

3. (a) PRINT FULL NAME Nina Laverna Kuntz
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or ~~wife~~ Jacob Henry Kuntz
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 27 (Day) 1871 (Year)
8. AGE: Years 74 Months 11 Days 15 If less than one day hr. min.
9. Birthplace Shelbina (City, town, or county) Missouri 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
MOTHER FATHER
12. Name James Lewis Gwynn
13. Birthplace Abergavaney (City, town, or county) Wales 4 (State or foreign country)
14. Maiden name Jane Moses
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Leona Kuntz
(b) Address 2025 Westminster Pl. St. Louis, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 (Month) 12 (Day) 46 (Year)
(c) Place: burial or ~~cremation~~ Shelbina, Missouri
18. (a) Signature of funeral director E. Hayes
(b) Address Shelbina, Missouri
19. (a) 5-12-1946 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12 year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from MAY 2, 1946 to MAY 12, 1946 that I last saw h~~e~~ alive on MAY 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
~~Due to~~ Apoplexy
Diabetes
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

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

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? (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? (f) Means of injury

23. Signature Frank Polley M.D. (M. D. or other)
Address Mexico, Mo. Date signed 5/13/46

4 (Licensed Embalmer's Statement on Reverse Side)

JUN 1 1949

RECEIVED
District Health Officer No. 10
District File Number 6-46-1210
Date Filed JUN 13 1946

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. 3489.

P. O. Address. Mexico 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.