S. No. 2
M—5-43
v. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23302

FILED AUG 23 1946

Registrar's District No. 1

Primary Registration District No. 2000

Registrar's No. 632

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

22158

1. PLACE OF DEATH:

(a) County Gree-ne

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gree-ne

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

(d) Street No. 4722 East 6th St.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alice E. Kundegraber

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward H. Kundegarber

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

7. Birth date of deceased Feb. 23, 1875 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 7 If less than one day hr. min.

9. Birthplace UNK. (City, town, or county) Iowa (State or foreign country)

10. Usual occupation House Wife

11. Industry or business AT HOME

FATHER 12. Name Franklin Blackledge

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

MOTHER 14. Maiden name Margarett Ann Biggers

15. Birthplace UNK. (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Effie E. Wood

(b) Address Springfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-31-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield, Mo.

19. (a) 7-31-46 (Date received local registrar) (b) for W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 11: minute 10A. M.

21. I hereby certify that I attended the deceased from 7-23-46, 19 to 7-30, 19 46 that I last saw her alive on July 30, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	1 hr.
Due to Acute Myocardial Infarction	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9 40
Of autopsy

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

23. Signature E. E. Wood (M. D. or other)

Address Springfield, Mo. Date signed 7/31/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1946

SEP 19 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.....J B Klingner.....

Licensed Embalmer No.....3358.....

P. O. Address.....Springfield, 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.