

Registration District No. 251

Primary Registration District No. 304P

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
 In this community 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt
 (c) City or town Forest City-Rural
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME

Alfred Jerome Kunkel
 3. (b) If veteran, name war None
 3. (c) Social Security No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mattie Wallace
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased December 25 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 6
 If less than one day hr. min.

9. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Kunkel
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Secret
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Kunkel
 (b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof. Dec 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Cemetery Forest City MO

18. (a) Signature of funeral director James H. Pitts
 (b) Address Oregon Mo

19. (a) Dec 30 1946 (b) Bliss Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
 year 1946 hour 11 minute 05 P.M.
 21. I hereby certify that I attended the deceased from 2:00 PM
Dec 19 1946 to Dec 19 1946
 that I last saw him alive on 5:30 PM Dec 19 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration

Due to Arteriosclerosis, Sclerosis
 Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(e) Means of injury fall

23. Signature: Leo F. Wallace (M. D. or other) M.D.
 Address Maryville, Mo. Date signed 21 Dec 46

40309 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James H. Pettijohn
Licensed Embalmer No. 3192
P. O. Address Oregon 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.