S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41693

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5375

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~~: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 9 DAYS (Specify whether
In this community 9 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 TRACY AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes or~~ No) 0
If yes, name country — — —

3. (a) PRINT FULL NAME WALTER HOWARD GUNN III
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
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 DECEMBER (Month) - 12 (Day) - 1947 (Year)

8. AGE: Years | Months | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation NONE
11. Industry or business INFANT
FATHER
12. Name WALTER H. GUNN, JR.
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name BETTY LU WATSON
15. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MR. WALTER H. GUNN, JR.
(b) Address 5800 TRACY AVENUE
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM.
18. (a) Signature of funeral director D. W. Newcomer & Sons
(b) Address 1401 BRUSH CREEK BLVD, KC 4 MO.
19. (a) 12-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21 year 1947 hour 3 minute 00 P M.

21. I hereby certify that I attended the deceased from Dec 14, 1947 to Dec 21, 1947 that I last saw him alive on Dec 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Peritonitis	7 da
Due to Stenosis Ascending colon (congenital)	?
Due to with perforation.	
Other conditions Volvulus small intestine 5 ft (Include pregnancy within 3 months of death)	
Major findings: Of operations Volvulus + Stenosis c perforation	
Of autopsy Peritonitis - Volvulus	

PHYSICIAN
Underline the cause of 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 R. M. Ziegler (M. D. ~~or other~~)
Address 600 Prof. Bldg Date signed 12/21/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.