

FILED JAN 15 1949

Registration District No. 449

Primary Registration District No. 1002

5352

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

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT FULL NAME Theodore Gunz
3. (b) If veteran, name war no 3. (c) Social Security No. 496-10-9314

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annabell T. Gunz 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased: (Month) 1 (Day) 18 (Year) 73

8. AGE: Years 75 Months 11 Days 29 If less than one day hr. min.

9. Birthplace: (City, town, or county) Kansas (State or foreign country)

10. Usual occupation cook in restaurant

11. Industry or business retired had 3 years ill health

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

16. (a) Informant Wife: Annabell T. Gunz

(b) Address 1316 Troost Ave.

17. (a) Removal-Burial (b) Date thereof 1-3-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C.K. Woodlawn Cem.

18. (a) Signature of funeral director Farrington Werner

(b) Address Kansas City, Kansas

19. (a) 1-31-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 Troost 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 12 48 to Dec. 30 48
that I last saw him alive on Dec. 30 48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with extension to pancreas and liver

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 40-45

Major findings: Of operations
Of autopsy See above

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?

Wm. W. Hart
While at work? (Specify type of place) (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 12-30-48

Handwritten signature

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 Augustus C. Werner
Licensed Embalmer No. 2597
P. O. Address Kansas City, Kansas

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.

**FAIRWEATHER WERNER
MORTUARY**