

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30483

3693

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3693</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>2 Mos</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u> d. STREET ADDRESS (If rural, give location) <u>7110 College Street</u>			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Nungester</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-20-49</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		
8. DATE OF BIRTH <u>Jan. 8 1883</u>		9. AGE (In years last birthday) <u>66</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ins. Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postal Life Ins Co</u>	
11. BIRTHPLACE (State or foreign country) <u>VanWert Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Peter Nungester</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Burchfield</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>297-18-7411</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillian Springer</u> ADDRESS <u>7110 College</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left</u> DUE TO (c) <u>Injury By Fall</u>				INTERVAL BETWEEN ONSET AND DEATH <u>89009</u> <u>91</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>				20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>unk</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>St. Stephens</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 20 49</u> m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>unknown</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A.E. Upsher</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>2800 Main</u>		23c. DATE SIGNED <u>8/26/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>8-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall</u> ADDRESS <u>Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>8-27-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall</u> ADDRESS <u>Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Russell N. France

Signed.....
Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K. C. 7mo

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.