

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

30632

3614

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1802</u>		Registrar's No. <u>3614</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>532 E 24 Terrace</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>532 E 24 Terrace</u>				d. STREET ADDRESS <u>532 E 24 Terrace</u>					
3. NAME OF DECEASED a. (First) <u>NICHOLAS</u> (Type or Print)			b. (Middle) <u>S</u>		c. (Last) <u>UNREIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 21 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 11-1892</u>		9. AGE (In years) (Last birthday) <u>56</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Garment cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Frank Unrein</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Dreher</u>			13c. NAME OF HUSBAND OR WIFE <u>Cecilia Unrein</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496-03-1842</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo Ralph Mauld</u>				ADDRESS <u>2533 Bell</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis, acute</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
				11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>P Previous coronary thrombosis April 1949.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>49</u> , to <u>Aug 21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 21</u> , 19 <u>49</u> , and that death occurred at <u>6:45am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>T. Reid Jones</u> (Degree or title) <u>W.D.U.</u>				23b. ADDRESS <u>1107 Bryant Bldg.</u>			23c. DATE SIGNED <u>8-21-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>23 Aug 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galveston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-22-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Lu Thersen</u>		ADDRESS <u>89 Tract</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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.

Student .....  
Student Embalmer

Signed.....

*P. A. Tharion*

Licensed Embalmer No. *2394*

P. O. Address *6900 Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.