

FILED SEP 20 1950

STANDARD CERTIFICATE OF DEATH

29317

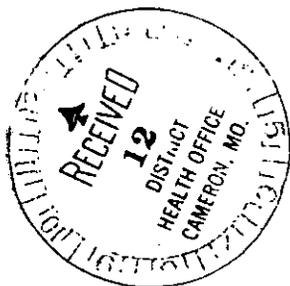
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 4015 PRIMARY REG. DIST. NO. 45024 Registrar's No. 416

0030

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

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Westboro Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0030</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u>		b. (Middle) <u>Edgar</u>	
		c. (Last) <u>Kunzler</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4 1950</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>May 29 1901</u>
9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>3</u> DAYS <u>5</u> IF UNDER 1 YEAR Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>truck driver</u>	
11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>C. C. Kunzler</u>		13b. MOTHER'S MAIDEN NAME <u>Luetta Cooper</u>	
14. NAME OF HUSBAND OR WIFE <u>L. May Kunzler</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-05-1765</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. E. Kunzler</u>		ADDRESS <u>1316 Francis St St. Joseph, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____		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 _____, 19____, to <u>SEPT 4, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:0 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thos F. Fagan (D.C.)</u>		23b. ADDRESS <u>Westboro Mo</u>	
23c. DATE SIGNED <u>Sept 4 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/6/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Mervin H. Schaefer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Adair Funeral Home, Sarker, Mo</u>		ADDRESS _____	



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.....

John M. Davis

Licensed Embalmer No. *2394*

P. O. Address.....

Jarvis, W.

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.