

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29738
State File No. 3946

BIRTH NO. <u>3938</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3946</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (in this place) <u>17mons</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3227 Bellfontaine</u>				e. STREET ADDRESS (If rural, give location) <u>3227 Bellfontaine</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Cornell</u>		c. (Last) <u>Gunnels</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1955</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u>		8. DATE OF BIRTH <u>Mar 26, 1954</u>	
9. AGE (In years) <u>14</u>		IF UNDER 1 YEAR Months <u>14</u> Days <u>17</u> Hours <u>11</u> Min. <u>0</u>		9. AGE (In years) <u>14</u>		IF UNDER 1 YEAR Months <u>14</u> Days <u>17</u> Hours <u>11</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Hosea Gunnels</u>		13b. MOTHER'S MAIDEN NAME <u>Blanchia Hardy</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hosea Gunnels 3227 Bellfontaine</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Infectious Hepatitis</u> DUE TO (c) <u>Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Persistent & Enlarged Spleen</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>2 weeks</u> <u>0987</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>8-23</u> , 19 <u>55</u> , to <u>9-7</u> , 19 <u>55</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>9-7</u> , 19 <u>55</u> , and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. R. Geagan</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>2603 E 31 Street</u>		23c. DATE SIGNED <u>9-9-55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept. 10, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-9-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Bros Funeral Home 16th Benton</u>			

(Licensed Emballer's Statement on Reverse Side)

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

Exhibit 2

1911

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bernard P. Walters*

Licensed Embalmer No. *450*

P. O. Address *18th Street*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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