

FILED OCT 2 1942

Registration District No.

Primary Registration District No. 3016

Registrar's No. 213

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
518 Gordon Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 27 yrs
years, months or days)

3. (a) PRINT FULL NAME Mrs. Susie Martha Kunz

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Roy H. Kunz 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased November 13 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 29 hr. min.

9. Birthplace Centertown, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

MOTHER FATHER
12. Name W.A. Shull
13. Birthplace Centertown, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Cora Anderson
15. Birthplace Centertown, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Doris Kunz
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Sept-13-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Missouri

18. (a) Signature of funeral director Shook & Gowan

(b) Address Jefferson City, Missouri

19. (a) 9-15-42 (b) Susie Martha
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 518 Gordon
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11 Sept. 11
year 1942 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from Mar.
25, 1939, to Sept 1, 1942
that I last saw her alive on Sept 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pulmonary Hemorrhage
Pulmonary Tuberculosis
4 1/2 yrs.

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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?

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

23. Signature J. A. Osmond (M.D. or other) M.D.
Address Jefferson City, Mo. Date signed 9-14-42

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

Louis Perest

Licensed Embalmer No. *4096*

P. O. Address *Jeffersonville*

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.