DEC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5275
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township NW
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1802
Registered No. 474
(d) Street No. 3660 Summit St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unser, Joseph
(a) Residence, No. 3919 Clark St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Rose Unser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1873
7. AGE: Years 65 Months 10 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo. 0

FATHER
13. NAME William Unser 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 5

MOTHER
15. MAIDEN NAME Budgett Donohue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Rose Unser
(ADDRESS) 3919 Clark, K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL Removal
PLACE St. Joseph Cem. Sharee, Man. DATE 2/6, 1939
19. FUNERAL DIRECTOR (NAME) W. F. Mayberry
(ADDRESS) 2315 Linwood Blvd. K. C.
20. FILED 2/5, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/39, 19
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to 2-2, 1939
I last saw him alive on 2/2/39, 19.... Death is said to have occurred on the date stated above, at 7:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Cirrhosis	3 yrs
8/10	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Ed Burkhardt, M. D.
(Address) 3346 Summit K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.