

2  
3-40  
K2159

**FILED OCT 18 1940**  
Registration District No. **398**

Primary Registration District No. **3554**

Registrar's No. **2321**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution:  
**29 and Stark Ave. R.R. #6**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2**  
In this community **2 years**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **29 and Stark P.R. #6**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Joseph Henry Prunty**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **Oct 13, 1860**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **11** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Carroll County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

12. Name **James Prunty**

13. Birthplace **No record**  
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Mullin**

15. Birthplace **No record**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wade Prunty**

(b) Address **29 & Stark R.R. #6 - removal**

17. (c) Place: burial or cremation **Home**

18. (e) Signature of funeral director **George C. Carson**

(b) Address **Independence, Mo.**

19. (a) **Sept. 26 40** (b) **F. R. Cook**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION **Sept 21 - 1940**

20. DATE OF DEATH: Month **9-26-40** year \_\_\_\_\_ hour \_\_\_\_\_ minute **5:45 A** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and from stated above.

Immediate cause of death **Myocardial Infarction**

**Pharyngitis & Bronchitis**

Due to **Hypertensive Myocardium**

Due to **Chronic Nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **121**

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? \_\_\_\_\_

**365** (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Russell Jensen** (M. D. or other) **h**

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed

*John M. Stein*

Licensed Embalmer No. *3156*

P. O. Address

*Indeb Mo.*

**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.**