

FILED MAY 25 1943

Registration District No. 149

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3946 Bell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institutions 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret M. Yunker

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife George Yunker 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased June 24 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 12 If less than one day — hr. — min.

9. Birthplace St Joseph Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Christopher Toole  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl Schwab  
(b) Address 3946 Bell, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 6 43 (Month) (Day) (Year)  
(c) Place: burial or cremation St Joseph, Mo.

18. (a) Signature of funeral director H. D. ...  
(b) Address 1882 Union St Joseph, Mo.

19. (a) 5/6/43 (Date received local registrar) (b) m. m. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City (If outside city or town limits, write "RURAL")  
(d) Street No. 3946 Bell (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1943 hour 10 minute 05 P M.

21. I hereby certify that I attended the deceased from April 21 1943 to May 6 1943 that I last saw her alive on May 6 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
Due to Essential Hypertension  
Due to 18 low work

Other conditions Compensated Colles fracture  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Acc. 123  
(b) Date of occurrence Apr. 21, 1943  
(c) Where did injury occur? KC (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? Dec Fall (Specify type of place) (e) Means of injury  
23. Signature Harold W. Brown (M. D. or other) Address 4100 Winbond KC Date signed 5-6-43

MAY 25 1984

**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.

*John P. Hurley*  
~~.....~~

Signed.....

Licensed Embalmer No. ~~.....~~ 4050

P. O. Address ~~.....~~  
1807 Union St. Joseph

**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.