

Registration District No. 149

Primary Registration District No. 1002

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: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital 4 Days  
(Specify whether years, months or days)  
 In this community 14 Years

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. 5410 Olive Street  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: ----

3. (a) PRINT FULL NAME Mrs. Margaret A. Rundle

3. (b) If veteran, name war No 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 Mr. Glenn F. Rundle 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November 18 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 10 18 hr. min.

9. Birthplace Grand Rapids Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

MOTHER FATHER

12. Name Augustus J. Schmidt  
 13. Birthplace Unknown Germany  
(City, town or county) (State or foreign country)  
 14. Maiden name Ada M. Weston  
 15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Glenn F. Rundle  
 (b) Address 5410 Olive Street

17. (a) Burial Memorial Park Cemetery (b) Date thereof Oct. 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director D. H. Newcomers Sons  
 (b) Address 1401 Brush Creek Blvd

19. (a) 10-11-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th  
 year 1943 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Pathologist  
 that I last saw him alive on -----, 19-----  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis with atelectasis of right lung due to chronic adhesions of pleura on the right  
 Due to 13b!  
 Other conditions: -----  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: -----  
 Of operations: -----  
 Of autopsy: As above

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?  
(Specify type of place)

While at work? ----- (e) Means of injury -----

23. Signature W. W. Buckingham (M. D. or other)  
 By braine Spurred, M.D. date signed 10-7-43  
 Attorney -----

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

**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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address K. C. Mo

**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.**