

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37137

FILED DEC 4 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1202

Registrar's No. 8907

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 or institution 3 hours
(Specify whether years, months or days)

In this community 26 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2622 E. 30th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Burdette PUNSHON

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1946 hour 6 minute P. M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George J. Punshon

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April 23 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 14
1946 to Nov 17 1946

that I last saw her alive on Nov 17 1946
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Myelogenous Leukemia 1 yrs

Due to _____

Due to _____

9. Birthplace Galesburg Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

Other conditions 740
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy myelogenous Leukemia

MOTHER FATHER

12. Name Frank Sears

13. Birthplace Galesburg Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Johnson

15. Birthplace Pesa Illinois
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. George J. Punshon

(b) Address 2622 E. 30th, K.C., Mo.

17. (a) Burial (b) Date thereof 11-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Mo.

19. (a) 11-19-46 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Martin Hunter (M. D. or other) MD

Address 1408 Walden Bldg. Date signed 11-17-46

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.....

Russell N. France

Licensed Embalmer No.....

4255

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.