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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17918

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gibson Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox 52

(c) City or town Baring, 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Edward Unger.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased June 14 1867.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	11	1	hr. _____ min.

9. Birthplace Scotland Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

12. Name John Geo. Unger.

13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Covey.

15. Birthplace Clark Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Unger.

(b) Address Kirkville, Mo.

17. (a) Burial (b) Date thereof May 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Summers & Powell

(b) Address Kirkville, Mo.

19. (a) May 17-47 (b) John S. Murray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from May 8, 1947, to May 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Defer to the Physician

Due to _____

Due to Fractured Left Hip

Other conditions 7 days
(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) _____

(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? 52.1

(a) Signature _____ (b) While at work? _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Edina, Mo. Date signed 5/15-47

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

JUL 2 1948

RECEIVED
District Health Officer No. 10
District File Number 5-47-906
Date Filed MAY 28 1947

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.....

James Taylor....., Registered Apprentice No. 436,
working under my personal supervision.

Signed W. C. Summer

Licensed Embalmer No. 20159

P. O. Address Richville 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. 141

Registration District No. 169 Primary Registration District No. 7258

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Adina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

James C. Unger

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Wed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased June (Month) 1947 (Day) 15 (Year)

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1869A

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident ✓

(b) Date of occurrence May 8 - 1947

(c) Where did injury occur? Boring House Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fill on my in his bed room at the farm

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

17918