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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26261**
3001
Registrar's No. _____

Registration District No. **149**

Primary Registration District No. **1002**

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: **K.C. General Hosp. #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Min.**
In this community **about 35 years** (Specify whether years, months or days)

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. **558 Main Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LOUIS DUNKLE**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **11th**
year **1948** hour **8:25PM** minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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 alive** _____ years
7. Birth date of deceased **Jan. 9 1877**
(Month) (Day) (Year)

Immediate cause of death: **Circulatory Failure**
Coronary Sclerosis
Due to _____
Due to _____

8. AGE: Years **71** Months **7** Days **6** If less than one day _____ hr. _____ min.
9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy, if applicable, and mode of death) **Deputy Coroner**
Major findings: Of operations _____
Of autopsy **History**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Pensioner**
11. Industry or business _____
12. Name **Jacob Dunkle**
13. Birthplace **Ohio** (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 **Investigation**
(b) Address **Coroner's office K.C. Mo.**
17. (a) Anatomical (b) Date thereof **7-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **K.C. College of Osteo.**
18. (a) Signature of funeral director **Weilert Funeral Home**
(b) Address **2332 Monitor Place; K.C. Mo.**
19. (a) 7-22-48 (b) **Geraldine Holm**
(Date received local registrar) (Registrar's signature)

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? _____
While at work _____ (Specify type of place) _____
Means of injury _____
23. Signature **A.E. Fisher** (M. E. or D. O. P.)
Address **2800 Main** Date **7/25/48**

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 Blaine E. Weichert
Licensed Embalmer No. 4075
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.