

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27783  
3639

FILED AUG 18 1954

State File No. ....

BIRTH NO. --- REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY Jackson  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 33 yrs.  
c. CITY OR TOWN Kansas City d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1  
e. STREET ADDRESS (If rural, give location) 314 W. 9  
3128  
0

3. NAME OF DECEASED (Type or Print)  
a. (First) Louis b. (Middle) A. c. (Last) Unger  
4. DATE OF DEATH (Month) (Day) (Year) 7 21 1954

5. SEX Male 0 6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0  
8. DATE OF BIRTH Nov. 17, 1866 9. AGE (In years last birthday) 87  
If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-1918  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) France 5  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Unger 13b. MOTHER'S MAIDEN NAME Unknown  
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank H. Toohey-1014 Broadway-KC., Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Benign prostatic hypertrophy with acute pyelitis  
INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
610X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1954, to July 21, 1954, that I last saw the deceased alive on July 21, 1954, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. J. Burns MD (Degree or title) 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 7-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7/23/54 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 7-24-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilley-Eylar-Kansas City, Mo.

WRITE PLAINLY—USING 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 James Miller Student Embalmer No. 100 working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J. H. Cooper.....  
Licensed Embalmer No. 2487

P. O. Address 10.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.