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OHIO DEPARTMENT OF HEALTH
COLUMBUS
CERTIFICATE OF DEATH
Department of Commerce — Bureau of the Census

Reg. Dist. No. 1132
Primary Reg. Dist. No. 5734
State File No. 70301
Registrar's No. 229

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

1. PLACE OF DEATH:
(a) County Ross
(b) Chillicothe Scioto (City, Village, Township)
(c) Name of hospital or institution: Renick Ave. Route #6 (If not in hospital or institution, write street No. or location)
(d) Length of stay: In hospital or institution ______ (Days)
In this community ______ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Ross
(c) City or village Chillicothe (If outside city or village, write RURAL)
(d) Street No. Renick Ave. Route #6 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ______ years.

3. FULL NAME John Kunzelman
(a) If veteran, name war ______ (b) Social Security No. ______
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Christena Kunzelman
6. (c) Age of husband or wife if alive ______ years
7. Birth date of deceased August 23 1860 (Month) (Day) (Year)
8. AGE: Years 84 Months 2 Days 16 If less than one day ______ hr. ______ min.
9. Birthplace Chillicothe Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business ______
Father: 12. Name John Kunzelman Sr.
13. Birthplace Germany (City, town, or county) (State or foreign country)
Mother: 14. Maiden name Catherine Wintersheimer
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's signature Frank Kunzelman
(b) Address Chillicothe, Ohio
17. (a) Burial, ~~cremation, or other~~; (b) Date 11-11-1944 (Month) (Day) (Year)
(c) Place Greenlawn
(d) Jesse Jacobs 3277 (Name of Embalmer) (Lic. No.)
18. (a) C. J. Ware 1821 (Signature of Funeral Director) (Lic. No.)
(b) Address Chillicothe, Ohio
19. (a) 11-11-44 (Date received local registrar) (b) E. R. Miller (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month November day 9 year 1944 hour 5 minute A.M.
21. I hereby certify that I attended the deceased from Occasionally, 19__ to ______, 19 44
that I last saw him alive on Nov. 8
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	Rem...
Due to 930	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation	
Major findings of autopsy	

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 Village) (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) How did injury occur? ______
23. Signature O. L. Iden MD (Specify if Doctor of Medicine or Osteopathy)
Address 53 E. Second Chillicothe Date signed 11-10-44

V.S. 11

Quellenangabe:

https://www.familysearch.org/ark:/61903/3:1:33SQ-GPGL-98P8?view=index