

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH.			BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County of <u>Ross</u>			Registration District No. <u>1132</u>	File No. <u>39694</u>
Township of <u>Scoto</u>			Primary Registration District No. <u>3734</u>	Registered No. <u>304</u>
Village of _____			St. _____	Ward _____
City of <u>Chillicothe</u>			(If death occurred in a hospital or institution, give its NAME; instead of street and number.)	
2 FULL NAME <u>John Kungelman</u>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>June 30th</u> , 191 <u>8</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>February 29th</u> , 188 <u>8</u> (Month) (Day) (Year)			I HEREBY CERTIFY, That I attended deceased from <u>Jan. 10</u> , 191 <u>8</u> , to <u>Jan 30</u> , 191 <u>8</u> , that I last saw him alive on <u>Jan 31</u> , 191 <u>8</u> , and that death occurred, on the date stated above, at <u>12:30 A.</u>	
7 AGE <u>80</u> yrs. <u>4</u> mos. <u>1</u> ds. If LESS than 1 day, yrs. _____			The CAUSE OF DEATH* was as follows: <u>Hemorrhage of Stomach</u> (Mean of Stomach)	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer).			Contributory <u>Mean of Stomach (Heart)</u> (Duration) _____ yrs. _____ mos. <u>22</u> ds.	
9 BIRTHPLACE (State or country) <u>Germany</u>			(Signed) <u>J. M. Stanley</u> M. D. <u>July 1</u> , 191 <u>8</u> (Address) <u>Chillicothe, Mo.</u>	
10 NAME OF FATHER <u>John Kungelman</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>			14 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted? If not at place of death? Former or usual residence _____	
12 MAIDEN NAME OF MOTHER <u>Anna M. Kungelman</u>			15 PLACE OF BURIAL OR REMOVAL <u>Memorial</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>			DATE OF BURIAL <u>July 2nd</u> , 191 <u>8</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Kungelman, Jr.</u> (Address) <u>Chillicothe, Mo.</u>			20 UNDERTAKER <u>John T. Bowers</u>	
15 Filed <u>July 2</u> , 191 <u>8</u> <u>Philip S. Howard</u> Registrar			ADDRESS <u>Chillicothe, Mo.</u>	

Quellenangabe:

Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:33S7-9PJ1-SWFD?view=index> : 11. Mai 2025), Aufnahme 1632 von 0; .

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