WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8522

1. PLACE OF DEATH

County Gasconade — Registration District No. 3 4 — File No. 38

Township Richland — Primary Registration District No. 5401 — Registered No. 5421

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Christeen Kuschel

(a) Residence, No. ✓ St., ✓ Ward. ✓ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? ✓ yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kuschel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 16-1872

7. AGE: YEARS 61 — MONTHS 2 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 2/28/34
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stolpe Mo

FATHER

13. NAME: Ludwig Kuschel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Henriette Bock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. John Kuschel, Hermann Mo R3

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stolpe St John's Cem DATE: 3/4 1934

19. UNDERTAKER (ADDRESS): Hugo Blumer, Hermann Mo

20. FILED 3-4 1934 F L Kicker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1934, to 3/1, 1934

I last saw him alive on ..... 19.... Death is said to have occurred on the date stated above, at found dead 1-3-34 8 AM m.

The principal cause of death and related causes of importance were as follows:

Coroner's jury verdict

Natural causes unknown

Date of onset

Other contributory causes of importance:

200B

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... Coroner

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. H Stollmeyer acting coroner, M. D.

(Address) Morrison Mo