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.

MAY 19 1936

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

Do not use this space.

15469

File No.

Registered No. 2109

1. PLACE OF DEATH

County: JACKSON — Registration District No.: 399

Township: Raw — Primary Registration District No.: 1002

City: KANSAS CITY (No. RESEARCH HOSP., 23 + HOLMES St. Ward)

2. FULL NAME EDMUND W. KUHNEL

(a) Residence, No. SEYMOUR, MO. St., Ward. SEYMOUR, MO. (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 MARIAN KUHNEL 1890

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 11, 1890

7. AGE: YEARS 45 — MONTHS 5 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocerier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Mo

FATHER

13. NAME Louis Kuhnel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Louis Dreher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Louisa K. Chaney Research Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Mo. DATE Apr 28 1936

19. UNDERTAKER (ADDRESS) R. E. McMahan Seymour Mo.

20. FILED Apr 27 1936 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26/36, 19

22. I HEREBY CERTIFY, That I attended deceased from APRIL 5, 1936, to APRIL 26, 1936

I last saw him alive on APRIL 26, 1936. Death is said to have occurred on the date stated above, at 6:50 P.M.

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

	Date of onset
BILIARY CIRRHOSIS OF LIVER	UNKNOWN
12 HRS	

Other contributory causes of importance:

ASCITES	4/21/36
TERMINAL SEPTICAMIA	4/21/36
PROTRACTED POST-OP HEMMORRAGE	

Name of operation DENTAL EXTRACTION Date of 4/15/36

What test confirmed diagnosis? Was there an autopsy? YES

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO.

If so, specify

(Signed) [illegible], M. D.

(Address) 1018 Professional Bldg