

REC'D MAR 15 1938

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

6688
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township _____ Primary Registration District No. 3016 Registered No. 26
 (c) City Washington (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. 7 mos. 0 ds. (f) How long in U. S., if of foreign birth? 53 yrs. mos. ds.

2. PRINT FULL NAME

John Kuchem 250
 (a) Residence, No. 305 Williams, Washington, Mo. (If nonresident, give city or town and State)

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 Theresa Kuchem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21st 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1919
 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Theresa Kuchem
Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Augusta, Mo. DATE Feb. 19, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heber & Ott, Inc.
Washington, Mo.

20. FILED Feb. 17, 1938 W.A. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937, to Feb. 16, 1938

I last saw him alive on Feb. 16, 1938, 1938. Death is said to have occurred on the date stated above, at 7:00^{am} pm.

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

Cause of the prostate 11/1/37
 Date of onset

Other contributory causes of importance:

Thrombosis

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 _____, 1938

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?

If so, specify _____

(Signed) J. P. Poy, M. D.

(Address) Washington, Mo.

B. Post.

STATEMENT BY LICENSED EMBALMER

I, A. Schubert, Licensed Embalmer No. 2387

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed A. Schubert
Licensed Embalmer No. 2387

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.)