

REC'D APR 19 1938

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

1001 Henry Kuehl
10751
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township..... Primary Registration District No. 301 Registered No. 225
(c) City Springfield Mo Street No. City Hospital St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1009 W. Broadway St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Quart Sharp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1919
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 0 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Smith Arkansas

13. NAME Carl McKinnis

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

15. MAIDEN NAME Orthula Halley

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

17. INFORMANT (ADDRESS) Miss Carl McKinnis (Mother)
Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Union Cemetery March 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) Alma S. Hughes
Springfield Mo

20. FILED March 1938 Carl McKinnis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-8- 1938 to 2-10- 1938

I last saw her or alive on 2-10- 1938 Death is said to have occurred on the date stated above, at 4 P. m.

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

Edema of Lungs following following
Date of onset

Other contributory causes of importance 1076:
Bronchial Pneumonia

Name of operation Clinical Date of no

What test confirmed diagnosis Clinical Was there an autopsy? no

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 of injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Henry F. Thrapp, M. D.

(Address) 450 1/2 E. Conifer St.

JAN 24 1944

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
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.....

Licensed Embalmer No.

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.)