

AUG 7 1939

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

24453
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 3 Registration District No. 399
(b) Township RAW 1 Primary Registration District No. 1002
(c) City KANSAS CITY (d) Street No. 3660 SUMMIT (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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2666

2. PRINT FULL NAME

MR. AMIEL OTTO KUEHLING, SR.
(a) Residence, No. 7310 VIRGINIA 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. FANNIE HELEN KUEHLING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 3, 1869

7. AGE YEARS 69 MONTHS 7 DAYS 29 IF LESS THAN 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BUTCHER
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) MARCH '37 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) LAUNHEIN 6 (STATE OR COUNTRY) GERMANY

FATHER 13. NAME HENRY O. KUEHLING 6

14. BIRTHPLACE (CITY OR TOWN) GERMANY 6 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MR AMIEL OTTO KUEHLING, JR. (ADDRESS) 7310 VIRGINIA

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE JULY-5, 1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLVD.

20. FILED July 3, 1939 M. Crowe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 29 1939 to July 2 1939
I last saw him alive on July 2, 1939. Death is said to have occurred on the date stated above, at 10:00A.
The principal cause of death and related causes of importance were as follows:

myocardial Failure
121
Date of onset April 27

Other contributory causes of importance:
Hypertension
Nephritis Chronic
Coronary Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) Charles Hooper, M. D.
(Address) 1103 Grand

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.

1 X16603

730 Professional Bldg.
12:30 - 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *F. M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K C mo.*

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.)

If this body is not embalmed, above space should be left blank.