

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH24533  
Do not use this space.

2746

## 1. PLACE OF DEATH

(a) County Jackson <sup>2</sup> Registration District No. 399  
 (b) Township Kaw <sup>1</sup> Primary Registration District No. 1004 Registered No. 2746  
 (c) City K.C.Mo. (d) Street No. 1322 Penn Street, K.C.Mo. 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 <sup>5877</sup> Emma Kuheim

(a) Residence, No. 1322 Penn Street, K.C.Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Kuheim</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk.</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At home</u>	
	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) <u>Ohio</u> <u>1</u>		
FATHER	13. NAME <u>Harry Peters, Sr.</u> <u>6</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>	
MOTHER	15. MAIDEN NAME <u>Johan Haase</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Harry Kuheim</u> (ADDRESS) <u>1647 Madison Avenue, K.C.Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Washington,</u> DATE <u>7-10-1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Mrs. C. L. Forster</u> (ADDRESS) <u>918 Brooklyn Avenue, K. C. Mo.</u>		
20. FILED <u>July 8 1939 M.M. Brown</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th, 19 39

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19 39.  
 I last saw the deceased on July 7th, 19 39. Death is said to have occurred on the date stated above, at 6: A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic diffuse myocardial fibrosis 93%  
Obesity  
 Date of onset

23. Contributory causes of importance:  
Obesity

Name of operation..... Date of.....  
 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?  
 If so, specify Obesity  
 (Signed) Gregory P. Hunter, M. D.  
 (Address) K.C. Mo.

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**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 Charles H. Wise

Licensed Embalmer No. 2570

P. O. Address 918 Brooklyn

**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.**