DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44043

Registration District No. 334 Primary Registration District No. 5747 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Washington township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

(c) City or town Millgrove, Mo. Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ulysses Grant Kauffman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife May Kauffman

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) 13 (Day) 1865 (Year)

8. AGE: Years 74 Months 7 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Casper Kauffman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Kabbe
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant's own signature H. J. Hickman

(b) Address Princeton Mo.

17. (a) Pleasant Ridge (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Noel Moss Funeral Home

(b) Address Princeton Mo.

19. (a) Dec 13 (Date received local registrar) (b) Hro Claud Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st year 1939 hour 12 minute 10 a. M.

21. I hereby certify that I attended the deceased from July 6, 1937, to Dec, 1, 1939; that I last saw him alive on Nov. 30, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular-renal disease with special reference to the	10 yrs
Due to degree of arterial degeneration	
Due to Cerebral Softening with loss mentality	6 mos
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations xhaustion; with extreme degree decompensation	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Neither

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? (e) Means of injury

23. Signature A. S. Bristow A S Bristow (M. D. or other) M. D.

Address Bristow Bldg. Princeton Mo Date signed 12/1/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 I X19511

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 W. F. Clapham

Licensed Embalmer No. 3614

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

FILED MAR 11 1940

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

44043
Do not use this space.

1. PLACE OF DEATH
(a) County Mercer
(b) Township Washington
(c) City ..... (d) Street No. ..... 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.

Registration District No. 53-4
Primary Registration District No. 3747
Registered No. 17

2. PRINT FULL NAME Ulysses Grant Kauffman
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kauffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE Years 74 Months 7 Days 18 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. .....
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)

FATHER
13. NAME .....
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY)

17. INFORMANT ..... (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19....
19. FUNERAL DIRECTOR ..... (ADDRESS)
20. FILED Dec 13 1939 Mrs Cleard Thomas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1939
22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw him alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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 ..... 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 .....
(Signed) A. S. Brystow, M. D.
(Address) Princeton Mo

SUPPLEMENTARY

MARGIN RESERVED FOR BINDING

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. Dates, etc. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, etc.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

V. S. No. 28. 50M-6-37 X12241