No. 2
-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14321

MAY 13 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 409

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

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

(d) Length of stay: In hospital or institution 5 hours, (Specify whether
In this community 5 hours,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew,

(c) City or town Fillmore,
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Larry Allen Kaullen,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 8, 1940.
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 5 hr. S. min.

9. Birthplace Saint Joseph, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Child,

11. Industry or business

FATHER
12. Name Edward J. Kaullen,
13. Birthplace Chamois, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Arelena Reynolds,
15. Birthplace Amazonia, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Edward J. Kaullen
(b) Address Fillmore, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Amazonia, Mo. Cemetery

18. (a) Signature of funeral director Kiaron - Brigale Bowman Funeral
(b) Address 319 So. 10th. Str. Home

19. (a) April 9, 1940 (Date received local registrar) H. J. Nestlebush VN (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th.
year 1940 hour 8:00 minute 15 a.M.

21. I hereby certify that I attended the deceased from Apr 8, 1940, to Apr 8, 1940;
that I last saw him alive on Apr. 8, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Atelectasis both lungs.	4 hrs.
Due to prolonged labor	
Due to version & extraction. Not able to start normal respiration.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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)
(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?
8 (Specify type of place)
While at work? (e) Means of injury

23. Signature H. S. Gounod (M. D. ~~or other~~)
Address St Joseph Mo Date signed 4-8-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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