S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17906

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 550

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST-JOSEPH- (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 835 NORTH 25TH (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 52 YEARS. 155

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUCHANAN
(c) City or town ST JOSEPH. (If outside city or town limits write "RURAL")
(d) Street No. 835 NO 25 (If rural, give location)
(e) If foreign born, how long in U. S. A.? - 75 - years.

3. (a) PRINT FULL NAME HENRY-WM-KUHLMAN (WILLIAM)
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 Widowed
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept (Month) 4 (Day) 1851 (Year)
8. AGE: Years 88 Months 8 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace Homburg (City, town, or county) Germany (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business —
12. Name John H. Kuhlman (FATHER)
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Vick (MOTHER)
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant John H. Kuhlman
(b) Address 835 N 25
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1940 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Ashland Cemetery
18. (a) Signature of funeral director Roy Stamey
(b) Address St Joseph Mo.
19. (a) May 14, 1940 (Date received local registrar) (b) H. J. Nestebend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 14 year 1940 hour 3 a.m. minute ____ M.
21. I hereby certify that I attended the deceased from May 9, 1940 to May 11, 1940 that I last saw him alive on May 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency — Duration 1 Month
Bronchitis — 2 weeks
Due to Cold
Due to
Other conditions Arteriosclerosis — 8 yrs
(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? —
(e) While at work? — (Specify type of place) (e) Means of injury —
23. Signature Charles H. Werner (M. D. or other)
Address 321 A Kirkpatrick Bldg. Date signed May 14-40

(Licensed Embalmer's Statement on Reverse Side)

Dr [illegible]
330 + 5.00
[illegible]

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~~ and Cedric K Jones, Registered Apprentice No. 246 working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo

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

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