DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25563

Registration District No. 460 Primary Registration District No. 4274 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville. Mo. (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) 25 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Higginsville. Mo. (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 Charles Edward Kuchcinski

3. (b) If veteran, name war Campay a 16 Infantry Words War

3. (c) Social Security No. --

4. Sex M

5. Color or race W

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 May- 10-1887 (Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer & Karpenter

11. Industry or business

FATHER
12. Name Martin Kuchcinski
13. Birthplace Pasen Poland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Koljeski
15. Birthplace Pasen Poland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dollie Kuchcinski

(b) Address Higginsville, Mo.

17. (a) Burrial (Burial, cremation, or removal) (b) Date thereof 8-7-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Higginsville. Mo

18. (a) Signature of funeral director Hoefer & Meinshagen

(b) Address Higginsville. Mo. Ave.

19. (a) Aug. 19-40 (Date received local registrar) (b) T. Wm. Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug- day 5th-1940 year hour 11-15 minute A M.

21. I hereby certify that I attended the deceased from June 4, 1940, to August 5, 1940 that I last saw him alive on Aug 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma primary left gingiva (gum) with metastases in cervical glands, cheeks & forehead or for nor. — Duration 1939

Due to

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. B. Keppenborne (M.D. or other) M.D.

Address Higginsville, Mo. Date signed

413

(Licensed Embalmer's Statement on Reverse Side)

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 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 Roy F Wiegler

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.