

Registration District No. 598

Primary Registration District No. 355

Registrar's No. 31

1. PLACE OF DEATH: **MORGAN**
(a) County MORGAN
(b) City or town VERSAILLES
(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 35yrs years, months or days

3. (a) PRINT FULL NAME CHARLES G. KUGLER
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 MARRIED
6. (b) Name of husband or wife Cora Nevis 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased. Feb 19 1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Brooklyn New York (City, town, or county) (State or foreign country)

10. Usual occupation Retired
11. Industry or business PAINTER

MOTHER FATHER
12. Name No Record 7
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name No Record 9
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Kugler
(b) Address VERSAILLES, MO

17. (a) Burial (b) Date thereof July 3, '40 (Month) (Day) (Year)
(c) Place: burial or cremation VERSAILLES City Cemetery

18. (a) Signature of funeral director W. F. Radwell
(b) Address Versailles mo

19. (a) 7/9/40 (b) Wall F. Berry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MORGAN
(c) City or town VERSAILLES (If outside city or town limits, write "RURAL")
(d) Street No. Fisher - ME NAIR (If rural, give location)
0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30th year 1940 hour 2:30 minute P- M.
21. I hereby certify that I attended the deceased from Jan 1-1940 to June 30 1940 and that death occurred on the date and hour stated above.

that I last saw him alive on June 15 1940
Immediate cause of death Organic Heart disease
Due to 45 yr years

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy none
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? 840
(Specify type of place) _____ (e) Means of injury _____
23. Signature W. G. Swan (M. D. or other) _____
Address Versailles Mo Date signed 7-2-40

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.

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1669

Date filed 12-3-40

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.....

Gene Eastman
Licensed Embalmer No. 4621

P. O. Address Versailles, Mo.

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.