

Social Security No. **MISSOURI STATE BOARD OF HEALTH**
NONE **FILED FEB 14 1941** **BUREAU OF VITAL STATISTICS**
CERTIFICATE OF DEATH

1790
 Do not use this space.

1. PLACE OF DEATH
 (a) County... **Buchanan** Registration District No. **85**
 (b) Township..... Primary Registration District No. **1001** Registered No. **19**
 (c) City **or** **Saint Joseph** (d) Street No. **1910 1/2 Messanie** / 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 **65 yrs. 11 mos. 22 ds.** (f) How long in U. S., if of foreign birth? **19** yrs. **11** mos. **22** ds.

2. PRINT FULL NAME **Mrs. Olivette Wilhemina Kuhlsen**
 (a) Residence, No. **1910 1/2 Messanie** St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married /		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -- Emil Kuhlsen 67				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1875				
7. AGE	YEARS 65	MONTHS 11	DAYS 21	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife			
	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) December 1940			
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri 0				
FATHER	13. NAME Peter Nelson			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Sweden 4			
MOTHER	15. MAIDEN NAME Augusta C. Bergerson			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Sweden 4			
17. INFORMANT Emil Kuhlsen, (ADDRESS) 1910 1/2 Messanie Street				
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Jan. 9, 1941				
19. FUNERAL DIRECTOR (NAME) Mrs. E. R. Sidway (ADDRESS) 602 South 10th Street				
20. FILED Jan 8, 1941 A. Drexler Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1941	
22. I HEREBY CERTIFY That I attended deceased from April 10, 1940, to Jan 7, 1941 I last saw h. ex alive on Jan 7, 1941 . Death is said to have occurred on the date stated above, at 11 A. M. The principal cause of death and related causes of importance were as follows: Interstitial Nephritis Chronic 1913 Jan 1940 Other contributory causes of importance: Anal Fissure later becoming Prolapsed - vaginal fistula Suffering but not discharging Name of operation none Date of What test confirmed diagnosis? clinical Was there an autopsy? no	
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.	
24. Was disease or injury in any way related to occupation of deceased? no If so, specify Gardenhight M.O. D. (Signed) 85 (Address) 846-5019th St. Saint Joseph, Mo	

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

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, by
Mollie E. Sidenfaden, Registered Apprentice No. 145
working under my personal supervision.

Signed

R. V. West

Licensed Embalmer No. 3876

P. O. Address St. Joseph 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.