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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 17 1941
Registration District No. 391

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2823
Registrar's No. 10

Primary Registration District No. 5545a

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town rural, Arcadia
(c) Name of hospital or institution:
east of Arcadia
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Rural
(d) Street No. South East of Arcadia
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME William Bernard Kuhn

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 married

6. (b) Name of husband or wife Daisy Kuhn 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased December 17, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Pilot Knob Mo. (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Constantine Kuhn

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Katherine

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Kuhn (b) Address Arcadia Mo.

17. (a) burial (b) Date thereof 1/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Jan 30-41 (b) Julia A. Hunter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26th
year 1941 hour 10²⁰ minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 4th, 1940, to Jan 26th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death acute Broncho-Pneumonia Duration 1/15/41

Due to Influenza 12/23/40

Other conditions Cerebral Hemorrhage 1/21/41
(Include pregnancy within 3 months of death) Hypertension

Major findings: Of operations _____ Of autopsy none

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? _____

23. Signature R. E. Harland (M. D. or other) md
Address Ironton Mo. Date signed 1/27/41

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.....

Lyle W. White

Registered Apprentice No. *277*

working under my personal supervision.

Signed.....

Lyle W. White

Licensed Embalmer No. *3012*

P. O. Address *Smithville, 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, fact should be so stated above.