

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN. 22 1942
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 47

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town WASHINGTON

(c) Name of hospital or institution: ST. FRANCIS HOSPITAL

(d) Length of stay: In hospital or institution: 2 DAYS

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Rural

(d) Street No. Near Newbaven

(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME RAR/ ROBERT Kuddes

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 ROSE SAGE HORN Kuddes

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased March 20 1895

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1942 hour 15 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1, 1942, to May 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace Blackburn Mo.

10. Usual occupation Lutheran Minister

Other conditions (include pregnancy within 5 months of death) _____

11. Industry or business _____

12. Name Henry Kuddes

13. Birthplace Germany

14. Maiden name Elnor Roff

15. Birthplace Indiana

PHYSICIAN

Major findings: Of operations no operation

Of autopsy no autopsy

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Donald Kuddes

(b) Address Newbaven Mo

17. (a) Burial (b) Date thereof 5-7-42

(c) Place: burial or cremation Boys Legion Home

18. (a) Signature of funeral director W. J. Festig

(b) Address Newbaven Mo

19. (a) May 5 - 42 (b) Luella Rutter

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Beisenmann (M. D. or other) MD.

Address New Haven, Mo. Date signed 5/3/42

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.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Earl Fretz

Licensed Embalmer No. 3386

P. O. Address New Haven 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.