

S. No. 2
4-13-40
5-17-39
I X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19141

State File No. _____

FILED JUN 16 1942
Registration District No. _____

Primary Registration District No. 6045

Registrar's No. 77

97
00

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

1. PLACE OF DEATH: Saline
 (a) County _____
 (b) City or town Liberty Twp Rural
 (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 14 yrs.
 years, months or days)

3. (a) PRINT FULL NAME Louis Kuhlman
 (b) If veteran, name war _____
 (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 RICKE CATHERINE KUHLMAN
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased AUG 16 1919
 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 16
 If less than one day _____ hr. _____ min.

9. Birthplace MORGAN Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business TILER at Sail

12. Name HENRY F. Kuhlman
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

14. Maiden name HANNAH HARTMAN
 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louis Kuhlman
 (b) Address Street Spring 77

17. (a) BURIAL (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW CENTER

18. (a) Signature of funeral director P. C. CARTER
 (b) Address SWEET SPRING S. Mo

19. (a) June 4-42 (b) Mrs Dora Kuhlman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 97
 (a) State Mo (b) County SALINE
 (c) City or town SWEET SPRING S. Mo. (RURAL)
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2ND
 year 1942 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy
Carcinoma of the skin 2 year
 Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 5-3
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 11

23. Signature Char R Parsons (M. D. or other) MD
 Address Sweet Springs Mo Date signed 6-4-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-15-42

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 *R. Carter*

Licensed Embalmer No. 8573

P. O. Address *St. Louis, 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.