

FILED JAN 25 1943

Registration District No. 2/2

Primary Registration District No. 1002

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
2226 So. 9th Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2226 So. 9th St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Frederick Kuhfus

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 Sophia Burgus Kuhfus

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 24 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>1</u>	<u>8</u>	hr. _____ min.

9. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer
Grocery store

11. Industry or business _____

MOTHER FATHER { 12. Name William Kuhfus

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

14. Maiden name Christinia Beck

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

16. (a) Informant Mrs. Sophia Kuhfus

(b) Address 2226 S. 9th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ASHLAND, Cem.

18. (a) Signature of funeral director Herman W. Siedufaden

(b) Address 1802 Union Str., St. Joseph, Mo.

19. (a) 1-5-43 (b) Roe Heyson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd
year 1943 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Jan 2 4 3
Jan 2 1943 to Jan 2 1943
that I last saw him alive on Jan 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of Larynx

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 47a

Major findings: 2

Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature Thomas Raymond (M. D. or _____)

Address 328 Kirkpatrick Bldg Date signed 1-4-43

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

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 John B. Hurley
Licensed Embalmer No. 4050
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, fact should be so stated above.