

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 10

FILED MAR 20 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3049

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: None.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 46 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Near Caruthersville, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 Miles West  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George William Kullman

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9<sup>th</sup>  
year 1943 hour 11:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 1  
1942 to Feb 9, 1943  
that I last saw him alive on Jan 8, 1942,  
and that death occurred on the date and hour stated above.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced, Widowed.

6. (b) Name of husband or wife Frances Kullman alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 11 1864  
(Month) (Day) (Year)

Immediate cause of death hypostatic pneumonia  
cardio renal disease

Due to Senility.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

78 2 28 hr. \_\_\_\_\_ min.

Major findings: 1/3/a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Peter Kullman.

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

14. Maiden name Unknown.

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

16. (a) Informant Mrs. Claud Grady.  
(b) Address Hayti, Mo.

22. If death was due to external cause, 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 or farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature Asst. Dir. (M. D. or other) \_\_\_\_\_  
Address Hayti, Mo. Date signed 2-10-43

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. La Forge  
(b) Address Caruthersville, Mo.

19. (a) Feb. 19-43 (Date received local registrar) (b) George Stankant (Registrar's signature)

1327

2-43-160

**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

*J. L. La Forge*

Licensed Embalmer No. *3082*

P. O. Address. *Canthersville, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**