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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

Registration District No. 290

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4427-5983

State File No. 7310

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Fort Leonard Wood, Mo. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Building # 465 / Cullen Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Approx. 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----- /

3. (a) PRINT FULL NAME Joseph J. Kuttenkuler

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Helen

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

7. Birth date of deceased ? May (Month) 28 (Day) 1897 (Year)

8. AGE:	Years	Months	Days	If less than one day
45	45	8	17	hr. min.

9. Birthplace Moniteau County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Orderly

11. Industry or business Gov'T. Dorm. Ft. Wood, Mo.

FATHER
12. Name Joseph G. Kuttenkuler
13. Birthplace Moniteau Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Anna Knipp
15. Birthplace Cooper Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Personnel Office File
(b) Address Ft. Leonard Wood, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Tipton, Mo.

18. (a) Signature of funeral director Wm. Cowell
(b) Address Versailles, Mo.

19. (a) Feb. 17-1943 (Date received local registrar) (b) Chas M Dodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14th
year 1943 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from —
never, 19..., to —, 19...;
that I last saw him alive on —, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
cerebral hemorrhage	4½ hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy none made

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

23. Signature C. Wallette Coroner (M. D. or other)
Address Crocker, Mo. Date signed 2-14-43

1170 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 3-43-32
Date Filed 3-9-43

MAR 10 1943

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 W. T. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles M

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

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