

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17323

State File No. _____

FILED JUN 15 1943

Registration District No. _____

Primary Registration District No. 5106

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Edmondson Cole Township
(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 46 Years
years, months or days

3. (a) PRINT FULL NAME Mrs Walter Kullman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color of race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter Kullman 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August 29th 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER

12. Name George Kullman
13. Birthplace Edmondson Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Cordes
15. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Kullman
(b) Address Lucas Mo

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof May 18, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Hulda

18. (a) Signature of funeral director E. L. Eckhoff

(b) Address Cole Camp Mo

19. (a) May 20, 1943 (b) Pauline HERMS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Edmondson
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 15 1943
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Piece of timber struck her on forehead during a logging accident (accidental death)
Due to _____
Due to _____

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

Major findings: 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: OCR
(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 W. H. Hart 3 (M. D. coroner)
Address Warren Mo Date signed 5-18-43

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

RECEIVED
RECEIVED

District Health Officer No. 71
District File Number 5-13-508
Date Filed 6-11-43

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 E. L. Eickhoff
Licensed Embalmer No. 730
P. O. Address Cole Camp, 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.