S. No. 2
1—1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24961

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 529

39
2
6

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
SPRINGFIELD BAPTIST O HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State MO (Rural) (b) County GREENE 0

(c) City or town ~~SPRINGFIELD~~ N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. # 11
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ /

3. (a) PRINT FULL NAME GEORGE ELIAS KUHN

3. (b) If veteran, name war NONE

3. (c) Social Security No. 500-10-0404

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ANNA M. KUHN

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sep (Month) 15 (Day) 1875 (Year)

8. AGE: Years 67 Months 9 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Bushville (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Machinist

11. Industry or business Machinist

FATHER
12. Name Joseph Kuhn
13. Birthplace Perry Co. (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Harriett Murdock
15. Birthplace Unk. (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant Russell Kuhn
(b) Address SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 (Month) (Day) 1943 (Year)
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address SPRINGFIELD MO.

19. (a) 7-3-43 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1943 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 6-20- 1943, to 7-2 1943; that I last saw ~~him~~ alive on 7-2 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease & Decompensation	10 days
~~Due to~~ Infected 2nd & 3rd Degree Burn of Left Leg result	2 wks.
~~Due to~~ of use of hot water bottle in treatment of local infection	
Other conditions of leg caused from insect bite (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

195e1
99

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

22. If death was due to external causes, fill in the following: 037
(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 [signature] (M. D. ~~or other~~)
Address Springfield, Mo. Date signed 7-3-43

984

(Licensed Embalmer's Statement on Reverse Side)

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 Roy A. Leavin

Licensed Embalmer No. 1763

P. O. Address Springfield Mo

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.