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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 15 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 347

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days

In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 615 North River Blvd
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ELMER R. KUHN

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

3. (c) Social Security No. 490 24-4592

4. Sex male

5. Color or race white

6. (a) Single, widowed, married married

6. (b) Name of husband or wife Ella Kuhn

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 17 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 8

If less than one day _____ hr. _____ min.

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

10. Usual occupation Engineer Dept.

11. Industry or business U.S. Government

MOTHER FATHER

12. Name Philip Kuhn

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

14. Maiden name Mary Kunkel

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

16. (a) Informant Ella Kuhn

(b) Address 615 N. River Indp. Mo.

17. (a) Burial (b) Date thereof 12-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation woodlawn

18. (a) Signature of funeral director Geo. C. Carlson

(b) Address Independence, Mo

19. (a) 12-26-43 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

* MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1943 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from Aug 1943 to Dec 24 1943
that I last saw him alive on Dec 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs
esophagus

Duration 3 weeks
chronic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46a

Major findings: Of operations _____

Of autopsy same

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 J. B. McKim (M. D. or other)

Address Indep. Mo Date signed Dec 25-43

116.3 (Licensed Embalmer's Statement on Reverse Side)

FEB 25 1944

NOV 16 1945

DEC 11 1946

NOV 29 1944

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 *Floyd C. Larson*

Licensed Embalmer No. *3199*

P. O. Address *Independence, 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.