

FILED MAR 8 1944

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Livingston
(c) Name of hospital or institution: 14th Franklin 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community 58 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Livingston
(If outside city or town limits, write "RURAL")
(d) Street No. 19th Franklin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATHARINE LUEHRMAN

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Feb day 9
year 1944 hour 7 minute 40 A.M.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced, widow

21. I hereby certify that I attended the deceased from Jan 28, 1944, to Feb 9, 1944, that I last saw her alive on Feb 5, 1944, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Friedrich Luehrman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 26 1853
(Month) (Day) (Year)

Immediate cause of death Pne & Bronchopneumonia Duration 10 days

8. AGE: Years 90 Months 3 Days 13 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions Senility - Arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation at home

PHYSICIAN

11. Industry or business _____

Major findings: Of operations 330
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Henry Kugel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Mehans
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ediz Luehrman
(b) Address Livingston, MO

17. (a) Burial (b) Date thereof 2-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director Winkler
(b) Address Livingston, MO

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? _____

19. (a) 3-2-44 (b) Mrs. G. Schwal
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Ch. K. ... (M. D. or other) _____
Address Livingston, MO Date signed 2/9/44

MAR 23 1944

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-7-44

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 Garret J. Kempel

Licensed Embalmer No. 3075-

P. O. Address Livingston, W

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.