. S. No. 2
OM—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7898

State File No.

Registration District No. 251 — Primary Registration District No. 3048 — Registrar's No. 27

74 1 2

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Maryville (If outside city or town limits, write "RURAL")
(d) Street No.: 722 North Main (If rural, give location)
(e) Citizen of foreign country? (Yes or No): J
If yes, name country:

74 1 2

3. (a) PRINT FULL NAME: HELENA KUCHS
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife: Paul Richard Kuchs
6. (c) Age of husband or wife if alive: 93 years
7. Birth date of deceased: Jan (Month) 2 (Day) 1862 (Year)

8. AGE: Years 82 | Months 1 | Days 11 | If less than one day: hr. min.

9. Birthplace: Soden Prussia (City, town, or county) Germany (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER
12. Name: George Kraus
13. Birthplace: Tusis (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name: Catherine Graul
15. Birthplace: UNKNOWN (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Paul W Kuchs
(b) Address: 722 N. Main Maryville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mozena Cemetery
18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: 957 South Main Maryville Mo
19. (a) 2-15-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1944 hour minute P.M.
21. I hereby certify that I attended the deceased from Feb 5, 1944, to Feb 13, 1944 that I last saw her alive on Feb 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	5 days
Due to: Heart Failure	6 mos.
Due to: Diabetes Mellitus	1 wk.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

61

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: J

23. Signature: J. A. Blumer (M. D. or other)
Address: Maryville Mo Date signed: 2-15-44

(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 W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.