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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution Nevada City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. Rt 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Kuhlman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1944 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb 23 1944 to Feb 26 1944 that I last saw her alive on Feb 26 1944 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife George Kuhlman 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 7 1890  
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 19 If less than one day hr. min.

Immediate cause of death Myocarditis

Due to ✓

Due to ✓

9. Birthplace New Orange Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Herman Hitchemper

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Other conditions Diabetes & Gout  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

MOTHER FATHER

16. (a) Informant Joe Kuhlman

(b) Address Marionville Mo

17. (a) burial (b) Date thereof Feb 27-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelburne Mo

18. (a) Signature of funeral director John Funeral Home

(b) Address Nevada Mo

19. (a) 2-26-44 (b) Agnes B. Beurel  
(Date received local registrar) (Registrar's signature)

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 W. Love (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed 2/26/44

Duration Don't know.

Don't know.

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

RECEIVED

District Health Officer No. 7,

District File Number 2-44-286

Date Filed 3-8-44

**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 L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Yusoda 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.**