

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 33

1. PLACE OF DEATH:
Benton
(a) County
(b) City or town **Lincoln Rural Cole Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **64 Years** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **August F Kullman**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **12** year **1944** hour **2** minute **15 A.M.**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Mrs Mary Kullman**
(c) Age of husband or wife if alive **62 years**
7. Birth date of deceased **February 25th 1880**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1 1944** to **Dec 12 1944**
that I last saw him alive on **Dec 11 1944**
and that death occurred on the date and hour stated above.

8. AGE: **64** Years **9** Months **27** Days If less than one day hr. min.

Immediate cause of death **Carcinoma of Prostate 1 yr.**
Due to

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

Due to **518**
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

11. Industry or business
12. Name **William Kullman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Matilda Beyer**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs Mary Kullman**
(b) Address **Lincoln 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?

17. (a) **Burial** (b) Date thereof **Dec 14, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Union Cemetery**
18. (a) Signature of funeral director **E. L. Zickhoff**
(b) Address **Cole Camp Mo**
19. (a) **JANUARY 4 1945** (b) **Pauline Harris**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) Means of injury
23. Signature **James Logan** (M. D. or other)
Address **Warsaw Mo** Date signed **12/13/44**

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

MOTHER FATHER

1341

(Licensed Embalmer's Statement on Reverse Side)

NOV 26 1945

RECEIVED

District Health Officer No. 7,

District File Number 13-44-1532

Date 1-13-45

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.....

E L Eickhoff

Licensed Embalmer No. 730

P. O. Address..... Cole Camp 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.