DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 2124
Registrar's No. 5

FILED FEB 15 1945

State of Missouri P.R.D. No. (5422)

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1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural — INDEPENDENCE
(If outside city or town limits, write RURAL)
(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 --
(Specify whether years, months or days)
In this community --

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Tuscarora 21
(If outside city or town limits, write RURAL)
(d) Street No. --
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) FULL NAME Paul Patrick Kuhn
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther Kuhn
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Feb (Month) 19 (Day) 1919 (Year)

8. AGE: Years	Months	Days	If less than one day
25	11	1	-- hr. -- min.

9. Birthplace Tuscarora (City, town, or county) Penn (State or foreign country)
10. Usual occupation Truck driver
11. Industry or business Coal delivery

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Kuhn
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [signature]
(b) Address MAAF, Malden, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-22-45 (Month) (Day) (Year)
(c) Place; burial or cremation Tuscarora, Penn
18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri
19. (a) 1-24-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 21
year 1945 hour 4:30 AM minute --
21. I hereby certify that I attended the deceased from 21 January, 1945, to --, 19__:
that I last saw him ~~alive on~~ Dead on arrival, 19__:
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture

Due to Automobile accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence January 21, 1945
(c) Where did injury occur? White Oaks, Dunklin, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 25, ~~North~~ South of White Oaks (Specify type of place)
While at work? No (e) Means of injury Auto accid.
23. Signature H H Gmaa Capt. M.C. (M. D. or other) MD
Address MAAF, Malden, Mo. Date signed 1/22/45

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

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RECEIVED
District Health Office No 2,
District File Number 245-158
Date Filed 2-7-45