S. No. 2
DM—5-43
v. 5-17-39
o I. X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 14820

Registration District No. 359 Primary Registration District No. 4-5-2-8-6222 Registrar's No. 37

**1. PLACE OF DEATH:**
(a) County Vernon
(b) City or town Moundville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1 · Moundville Twp
(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 all her life

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Vernon
(c) City or town Moundville - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1 · Moundville Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

**3. (a) PRINT FULL NAME** Alvine Kuhlman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F M 1
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife Charles Kuhlman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 4 (Day) 1865 (Year)

**8. AGE:** Years 79 Months 8 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Henry Mischke
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Christine Hasenger
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Earl Kuhlman
(b) Address Moundville RFD Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bickett Cemetery
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Mo
19. (a) Mar 19 1945 (Date received local registrar) (b) G G Wall (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month March day 14 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 1940 to March 14 1945 that I last saw her alive on March 14 1945 and that death occurred on the date and stated above.

| | Duration |
|---|---|
| Immediate cause of death Blood clot | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

**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

23. Signature Geo. W. Berry (M. D. or ~~other~~)
Address Moundville Date signed 3/21/45

1379

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-45-347
Date Filed 4-13-45

**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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1760

P. O. Address Nevada, 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.**