

Registration District No. **80**

Primary Registration District No. **3017**

1. PLACE OF DEATH:

(a) County **COOPEY**

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

(c) Name of hospital or institution:
RAUENSWAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 DAYS**
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONITEAU**

(c) City or town **JAMESTOWN MO.**
(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 **ANNA KUHN**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **FEMALE** **5. Color or race** **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **THEO. KUHN** **6. (c) Age of husband or wife if alive** **66** years

7. Birth date of deceased **1 8 - 1890**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	20	_____ hr. _____ min.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER

12. Name **HEDM. UNGLAUB**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY HUTH**

15. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Clara G. Kuhn**
(b) Address **Jamestown Mo.**

17. (a) REMOVAL (b) Date thereof **4-30-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MONITEAU CEM.**

18. (a) Signature of funeral director **G. Albert Hornbeck**
(b) Address **Prarie Home Mo.**

19. (a) 7-30-46 (b) **Clay Morris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **28** year **1946** hour **4** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **10** 19**46** **April 28** 19**46**
that I last saw him alive on **April 23** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma
Breasts

Duration **14r**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations **50**

Of autopsy _____

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 **W. L. Meredith** (M. D. or other) **MD**
Address **Prarie Home** Date signed **7/30/46**

11568
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

27
1
2

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-8-46

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 *C. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Prairie Home 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.