

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1598

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
931 E. 11th St Room 119
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City MO
(If outside city or town limits, write "RURAL")
(d) Street No. 931 E. 11th St Room 119
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Alvin Leo Kuhn
Leo Kuhn

MEDICAL CERTIFICATION

3. (b) If veteran, name war Do not know 3. (c) Social Security No. Do not know

20. DATE OF DEATH: Month April day 2 year 1946 hour 7 minute A. M.

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Divorced

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Coronary sufficiency

7. Birth date of deceased: 15-9-0 Dec, 10 1899
(Month) (Day) (Year)

Due to acute rheum

8. AGE:	Years	Months	Days	If less than one day
<u>3-6</u>	<u>56</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

Due to _____

9. Birthplace St Joseph MO (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Business Man

Major findings: Of operations 94%

11. Industry or business _____

Of autopsy no

12. Name Kuhn

Harley J. Jurek

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

22. If death was due to external causes, fill in the following:

14. Maiden name Do not know

(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? _____

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

Informant Corner Office

(b) Address 12 C St

17. (a) Removal (b) Date thereof April 3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph MO

18. (a) Signature of funeral director Passantius Bros

(b) Address 12 C St MO

19. (a) 4-3-46 (b) W. H. Halding Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 3

(c) Date received local registrar _____

23. Signature Alvin Leo Kuhn (M. D. or other) _____
Address 1424 27 Ave Date signed 4-3-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FOLD

COP NUMBER 11946
MAY 17 1946

361

APR 26 1946

APR 18 1946

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 *J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. L. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of mo }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 1598

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 16th day of April, 1946, before me appears Alta Mabel Hill, who, upon her oath, states that the original record of ^{birth} ~~death~~ for Geo Kuhn died April 2, 1946, in the State of Missouri, and which was filed at K. C. Mo on 4-3, 1946 should be corrected as follows:

Item No. 7 should read December 10, 1889

Instead of 1890

Item No. 8 should read 56 - 3 - 22

Instead of 55 yrs

Item No. 3 should read Alvin Geo Kuhn

Instead of Geo Kuhn

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alta Mabel Hill Sister
Relationship.

2509 Oak St Joseph Mo
Present Address.

Subscribed and sworn to before me this 16th day of April, 1946

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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