

FILED SEP 14 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3673

1. PLACE OF DEATH

(a) County Jackson County
(b) City or town K. C. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 or 3 days
(Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1616 E. 30th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM L. KULUVA

3. (b) If veteran, name war - no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, divorced, married
(b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased May 24, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 3 0 hr. min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) Russia

10. Usual occupation Credit manager

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Kuluva
13. Birthplace _____ (City, town, or county) _____ (State or foreign country) Russia
14. Maiden name Iida
15. Birthplace _____ (City, town, or county) _____ (State or foreign country) Russia

16. (a) Informant Minnie Kuluva
(b) Address 1616 E. 30th

17. (a) Burial (b) Date thereof 8-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Carmel Cem.

18. (a) Signature of funeral director J. Louis Funeral Home

(b) Address 3400 Woodland av. K. C. 3, Mo

19. (a) 8-26-46 (b) Rosaline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1946 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from July 15
1946 to Aug 24 1946
that I last saw him alive on Aug 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage secondary to obstructed coronary artery
Due to coronary - duct

Due to surgical trauma 8 yrs ago - operated elsewhere

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

Major findings: 1275
Of operations _____
Of autopsy yes

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?

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

23. Signature [Signature] (M. D. or other) [Signature]
Address 1020 [Address] Date signed 8/26/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20034

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..... *A. L. Louis*
Licensed Embalmer No..... *3110*
P. O. Address..... *K. C. 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.