S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1946

State File No. 34211

Registration District No. 225 Primary Registration District No. 43-35-5797 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montreal
(b) City or town Willow Fork Tun
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
#5 HIGHWAY 1 MI. SO. TIPTON 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Prairie Home 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? Non (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMIL W. 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 DIVORCED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 (Month) — 15 (Day) 1900 (Year)

8. AGE: Years 46 Months 4 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Henry Kuhn
13. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name Margrette Schilb
15. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant Mac Kuhn (Brother)
(b) Address Prairie Home, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/46 (Month) (Day) (Year)
Walnut Grove Cem. Boonville, Mo
(c) Place: burial or cremation

18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home Mo.

19. (a) 10-19-46 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 46 hour 6 minute 45 P. M.

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.

	Duration
Immediate cause of death Fractured skull.	
Due to Car wreck.	
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) Accident 68
(b) Date of occurrence 10-16-46.
(c) Where did injury occur? Tipton (City or town) Montreal (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
highway #5 - 1 mi. So of Tipton Mo.
(Specify type of place)
While at work? No (e) Means of injury Automobile

23. Signature H. C. Hume M.D. (Coroner) 3 (M. D. or other)
Address Tipton Mo Date signed 10-16-46

(Licensed Embalmer's Statement on Reverse Side)

203

S.H.P. Coll. with other M Veh.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-22-46

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.