

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39892

FILED JAN 27 1947

State File No. \_\_\_\_\_

Registration District No. 27

Primary Registration District No. 4081

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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 Mo (b) County Carroll

(c) City or town Bosworth  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK KUHN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced m.

6. (b) Name of husband or wife Katherine Doyle Kuhn

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Dec 27 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 22 hr. min.

9. Birthplace Hermit Township Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER, FATHER {

12. Name Charles Kuhn

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

14. Maiden name Hanny Henaly

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

16. (a) Informant Walter Kuhn

(b) Address La Plata Mo.

17. (a) Wharton (b) Date thereof 12-21-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wharton

18. (a) Signature of funeral director David Edmunds

(b) Address Bosworth Mo.

19. (a) Dec 19-1946 (b) Pearl Koch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1940 to Dec 19 1946

that I last saw him alive on Dec 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis

Due to Endocarditis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 92E

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (City or town or place)

(e) Manner of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Bosworth Mo. Date signed Dec 24 46

47 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date filed 12-30-76

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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 David J. Edwards

Licensed Embalmer No. 32651

P. O. Address Bonworth 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.