No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 12 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Langston

State File No. 37748

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1034

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John's Hosp.
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dallas 30
(c) City or town Buffalo, 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John J. Kuhns
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Bernice Kuhns
6. (c) Age of husband or wife if alive 39 Yrs. years
7. Birth date of deceased April 23, 1891 (Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 8 If less than one day hr. min.

9. Birthplace Effingham, Ill 1 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Albert Kuhns
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Loucks
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Bernice Kuhns
(b) Address Buffalo, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oaklawn Cem., Buffalo, Mo.
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo, Mo.
19. (a) 12-2-47 (Date received local registrar) (b) W E Handley MD III (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1947 hour 7 minute A. M. M.

21. I hereby certify that I attended the deceased from 11/30, 1947 to 12/1, 1947 that I last saw him alive on 11/30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Brain laceration & contusion

Due to Bullet wound

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 195 E
17
Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Don't know 0 30
(b) Date of occurrence
(c) Where did injury occur? Dallas Co Mo ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm (Specify type of place)
While at work? (e) Means of injury Bullet wound

23. Signature W. Roland Langston (M. D. or other) O. M. D.
Address Springfield Date signed 12/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....Roy H. Mercer Jr.

Licensed Embalmer No.....4432

P. O. Address.....Springfield, 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.