

FILED AUG 13 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **228**

1. PLACE OF DEATH:

(a) County... **Pettis**
(b) City or town... **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Woodland Hosp. 400 W 4th**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **6 days**
(Specify whether years, months or days)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clinton**
(c) City or town... **Rural - Cole Camp**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE F. KUHLMANN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MD** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Kathleen** 6. (c) Age of husband or wife if alive _____ years
nee Condes
7. Birth date of deceased **November 16 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Mt. Judea Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

MOTHER FATHER { 11. Industry or business _____
12. Name **Friedrich Kullman**
13. Birthplace **Germany** 4
14. Maiden name **Wulfbetta Kaspstrie**
15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Charley Kullman**
(b) Address **Cole Camp**

17. (a) **Burial** (b) Date thereof **July 30 '48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Judea**

18. (a) Signature of funeral director **Harold Perry**
(b) Address **Cole Camp, Mo.**

19. (a) **7-29-48** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27** year **1948** hour **7:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 22** 19 **48** to **July 27** 19 **48**
that I last saw him alive on **July 27** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**
Due to **Coronary Thrombosis** **Other**

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy **94W**

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? _____ (Specify type of place) (c) Means of injury **2**

23. Signature **Betty Yeager** (M. D. _____) Address **Woodland Hosp Sedalia Mo** Date signed **7/29/48**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-12-48

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.....

Licensed Embalmer No. 4097

P. O. Address Cole Camp, Pa.

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.