No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27092
Registrar's No. 48

Registration District No. 227
Primary Registration District No. 4339

1. PLACE OF DEATH:
(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McBRIDE ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 MONTHS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS 660
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6223 SOUTHWOOD 9
(If rural, give location) 1
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LETHE LUELLA KUHN
3. (b) If veteran, name war ✓
3. (c) Social Security No. NONE

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife GEORGE H. KUHN
6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased MARCH (Month) 8 (Day) 1864 (Year)

8. AGE: Years 84 Months 5 Days 8 If less than one day ✓ hr. ✓ min.

9. Birthplace PARIS (City, town, or county) MO. (State or foreign country) 11
10. Usual occupation HOUSEWIFE
11. Industry or business ✓
FATHER
12. Name ABRAHAM G. MASON
13. Birthplace (City, town, or county) KY. (State or foreign country) 1
MOTHER
14. Maiden name ELIZABETH SINCLAIR
15. Birthplace (City, town, or county) ILL. (State or foreign country) 1
16. (a) Informant George Kuhn
(b) Address 801 Huntington Rd. K. City, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE
18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Mo.
19. (a) Aug 19-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 16
year 1948 hour 5 minute 30 AM.
21. I hereby certify that I attended the deceased from Aug 15, 1948 to Aug 16, 1948
that I last saw her alive on Aug 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrary Thrombosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration 1 Day

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)
(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? (Specify type of place)
While at work? (Means of injury)
23. Signature [signature] (M. D. or other) M.D.
Address PARIS, MO. Date signed AUG. 16, 1948

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

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

RECEIVED
District Health Officer No. 10
District File Number 8-48-1503
Date Filed AUG 26 1948

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 E. L. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.