

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5222

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5604 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montseratt TWP</u>		c. LENGTH OF STAY (In this place) <u>2 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Montseratt TWP</u>		d. STREET ADDRESS (If rural, give location) <u>5 Mi. NE. Of Warrensburg, Mo.</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ennis</u> b. (Middle) <u>Avery</u> c. (Last) <u>Kuhlman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 28, 1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS (OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) <u>Johnson County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Kuhlman</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hader</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Loretta Kuhlman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allen Kuhlman Rolla, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			DUE TO (b)		<u>1 minute</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					<u>4201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>P. Lee Cooper MD</u> (Degree or title)			23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>2-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist</u>	24d. LOCATION (City, town, or county) (State) <u>Concordia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 15, 1950</u>	REGISTRAR'S SIGNATURE <u>Emma T. Beatty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>	ADDRESS <u>Concordia, Mo</u>	

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 Mc

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed E. S. James

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.