

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26971
Registrar's No. 3320

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3320			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 54 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 3114 MCGEE 3498			
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) RICHARD c. (Last) KUHN, SR.				4. DATE OF DEATH (Month) (Day) (Year) JULY-31-1950					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT-12-1881			
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 3YRS OWNER		10b. KIND OF BUSINESS OR INDUSTRY GUNTY GLASS STORE		11. BIRTHPLACE (State or foreign country) VERSAILLES, MISSOURI			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME OTTO KUHN		13b. MOTHER'S MAIDEN NAME ANNA HARMS		14. NAME OF HUSBAND OR WIFE LAURA KUHN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. LAURA KUHN 3114 MCGEE STREET KANSAS CITY, MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				ANTECEDENT CAUSES				1 year	
DUE TO (b) Myocardial infarction				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				2 1/2 years	
DUE TO (c) Coronary sclerosis				11. OTHER SIGNIFICANT CONDITIONS				4201	
Conditions contributing to the death but not related to the disease or condition causing death.				19a. DATE OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION				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 5:10, 148, to 7-31, 1950 that I last saw the deceased alive on 7-31, 1950, and that death occurred at 3:05 P.M., from the causes and on the date stated above.									
23a. SIGNATURE E. O. FISHBECK, D.O. (Degree or title)				23b. ADDRESS 11018 W. 9th Rd. Indep. Mo.		23c. DATE SIGNED 8-1-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-3-1950		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 8-3-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. W. Newcomer's Sons 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.					

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 _____

Albert L. Savage

working under my personal supervision.

Student Embalmer No. *360*

Signed *Albert L. Savage*
Student Embalmer *360*

Signed *John E. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.