

FILED JUL 20 1951
7-20-51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22722

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 622

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1334 E. Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1334 E. Grand			

3. NAME OF DECEASED (Type or Print) a. (First) DOROTHEA b. (Middle) MAY c. (Last) KUHN			4. DATE OF DEATH (Month) (Day) (Year) July 17 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8 1899	9. AGE (In years last birthday) 51	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No sewife
10b. KIND OF BUSINESS OR INDUSTRY In Home			11. BIRTHPLACE (State or foreign country) Neb.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME OTTO OPITZ		13b. MOTHER'S MAIDEN NAME MARGARET WALBRICE		14. NAME OF HUSBAND OR WIFE Roscoe Kuhn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roscoe Kuhn Springfield	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uterine Cervical Carcinoma 1 yr DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 week
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 171X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **June 13, 1951**, to **July 17, 1951**, that I last saw the deceased alive on **July 17** and that death occurred at **2:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. D. Bishop M.D. (Ark 449-Kans 5695)		23b. ADDRESS Ke Mo.		23c. DATE SIGNED July 17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-20-51		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield			
DATE REC'D BY LOCAL REG. 7-19-51		REGISTRAR'S SIGNATURE W. E. Landry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. Springfield	

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 30 1951

AUG 14 1951

APR 8 1951

James Earl Ray
James Earl Ray

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *Ogle Stone Jr.*

Licensed Embalmer No. *4196*

P. O. Address *Springfield*

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.