

FILED DEC 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36483

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>4054</u>		Registrar's No. <u>1203</u>	
1. PLACE OF DEATH a. COUNTY <u>Rushville</u> <u>Ruchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rushville town</u>		c. LENGTH OF STAY (in this place) <u>32 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rushville</u>		<u>0110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rushville</u>				d. STREET ADDRESS (If rural, give location) <u>Rushville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) <u>Paul</u> c. (Last) <u>Kuhnert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>24</u> <u>51</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>Mar. 22, 1886</u>	
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Kuhnert</u>			13b. MOTHER'S MAIDEN NAME <u>Paulina Handke</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Kuhnert</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Kuhnert, Rushville, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>592X</u>					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) (m.)		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 <u>Nov. 14, 1950</u> to <u>Nov. 24, 1951</u> , that I last saw the deceased alive on <u>Nov. 23, 1951</u> and that death occurred at <u>11:50 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>823 Faraon. St Joseph Mo.</u>		23c. DATE SIGNED <u>11.24.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 26, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Vernon</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>November 28, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Atchison Kan</u>			

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

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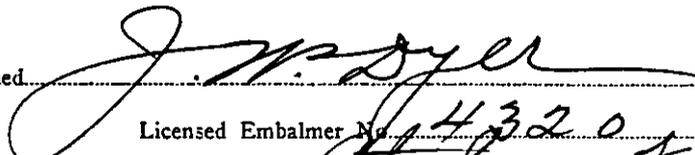
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STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 4320

P. O. Address Atchison, Kan

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.