

FILED FEB 2 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1346
296
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 70 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION 6030 HOLMES STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. STREET ADDRESS (If rural, give location) 6030 HOLMES STREET

3. NAME OF DECEASED
a. (First) ARTHUR b. (Middle) HUGO c. (Last) KUHN

4. DATE OF DEATH (Month) (Day) (Year)
JAN-17-1952

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH DEC-17-1866

9. AGE (In years last birthday) 85
UNDER 1 YEAR Days # UNDER 10 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-15 YEARS

10b. KIND OF BUSINESS OR INDUSTRY BURLINGTON R.R.

11. BIRTHPLACE (State or foreign country) HERMAN, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHRISTIAN H. KUHN

13b. MOTHER'S MAIDEN NAME EMMA BERGNER

14. NAME OF HUSBAND OR WIFE MRS. LYDIA M. 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. NONE

17. INFORMANT'S SIGNATURE OR NAME MRS. LYDIA M. KUHN ADDRESS 6030 HOLMES ST. 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arterio Sclerosis
DUE TO (c) Senility
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 day
331

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Jan 17, 1952, to Jan 17, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 12:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE Robert Jansen (Degree or title) M.D.

23b. ADDRESS 2220 E 31st St.

23c. DATE SIGNED 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 1-19-52

24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 1-19-52

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer's Sons ADDRESS 1331 BRUSH CREEK 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Robert E. Harrison*

Licensed Embalmer No. *4849*

P. O. Address *H. C. 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.