

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33136  
State File No. 8938  
Registrar's No.

FILED OCT 4 1952

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		a. STATE Missouri b. COUNTY Mississippi	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ANNISTON 0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) Rural Route. 1	

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) D	c. (Last) KUEHNER	4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 52
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 6-15-1925	9. AGE (In years last birthday) 27	10. IF UNDER 1 YEAR Days	11. IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER	10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (City and State or Foreign Country) Mississippi County - Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME A.J. KUEHNER	13b. MOTHER'S MAIDEN NAME INGABO COMBS	14. NAME OF HUSBAND OR WIFE SINGLE
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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. 489-30-7796	17. INFORMANT'S SIGNATURE OR NAME A.J. Kuehner	ADDRESS EAST PRAIRIE Mo
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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) LEUKEMIA (LEUCOSARCOMA)		II. OTHER SIGNIFICANT CONDITIONS		6 WEEKS
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7:30 9/22/52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2002
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22. I hereby certify that I attended the deceased from 9/4, 1952, to 9/22, 1952, that I last saw the deceased alive on 9/22, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Bradley, M.D.	23b. ADDRESS 600 S. KINGSHIGHWAY BLVD	23c. DATE SIGNED 9/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 9-23-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) EAST PRAIRIE, Mo.
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DATE REC'D BY LOCAL REG. SEP 25 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mc MILKE - EAST PRAIRIE, Mo.
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.