

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

**37339**

State File No. ....

No. 300  
10-48

**OCT 20 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **206**

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Township</u> c. LENGTH OF STAY (in this place) <u>1 1/2 yrs.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. State School</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dalton</u> <u>0210</u> d. STREET ADDRESS (If rural, give location) <u>Dalton Mo.</u>				
<b>3. NAME OF DECEASED</b> a. (First) <u>Ruby</u> b. (Middle) <u>---</u> c. (Last) <u>Kuhlman</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. - 14 1952</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Jan 6, 1916</u>	<b>9. AGE</b> (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	IF UNDER 1 MRS. Hours <u>1</u> Min. <u>---</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Pearl Kuhlman</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mo. State School</u> <u>Marshall</u>		
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonia Pulmonalis -</u> <b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Year -</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				
<b>19a. DATE OF OPERATION</b> <input checked="" type="checkbox"/>		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____		
<b>22. I hereby certify that I attended the deceased from July 1<sup>st</sup> 1952, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 8:30 a. m., from the causes and on the date stated above.</b>						
<b>23a. SIGNATURE</b> (Degree or title) <u>C. L. Louder, M.D.</u>			<b>23b. ADDRESS</b> <u>Marshall Mo.</u>		<b>23c. DATE SIGNED</b> <u>10-14-52</u>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Removal</u>		<b>24b. DATE</b> <u>Oct. 14-1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Brunswick Missouri</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Brunswick Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Oct. 14-1952</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Friday 5 Gray 325</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Mayer Funeral Home Brunswick Mo.</u>		

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

972

**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.....

*myself*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Walter E. Moyer* .....

Licensed Embalmer No. *04491* .....

P. O. Address *Brunswick, 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.