

FILED AUG 15 1957

STANDARD CERTIFICATE OF DEATH

State File No. 24671  
3538

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE **Kansas** b. COUNTY **Wyandotte**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY OR TOWN **Edwardsville**

d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) **3 weeks**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Neurological Hospital 2625 W. Paseo**

e. STREET ADDRESS (If rural, give location) **214 S. 4th St.**

3. NAME OF DECEASED  
a. (First) **Elmer** b. (Middle) \_\_\_\_\_ c. (Last) **Kuhn**

4. DATE OF DEATH (Month) (Day) (Year) **July 27 1957**

5. SEX **male**

6. COLOR OR RACE **white**

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

8. DATE OF BIRTH **Sept 30 1883**

9. AGE (In years last birthday) **73**

10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) **9 27**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retd 9 yr Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farm**

11. BIRTHPLACE (City and State or Foreign Country) **Edwardsville, Kansas**

12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Abraham Kuhn**

13b. MOTHER'S MAIDEN NAME **Sarah Garay**

14. NAME OF HUSBAND OR WIFE **Laura 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. **809-20-3254**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Laura Kuhn, Edwardsville, Ks.**

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) **arteriosclerotic heart disease**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Psychotic depressive reaction**

INTERVAL BETWEEN ONSET AND DEATH  
**5 years**  
**4 wks**  
**1 year**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? **2**  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **none**

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 11, 1957**, to **July 27, 1957**, that I last saw the deceased alive on **July 26, 1957**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **George W. Houck** (Degree or title) **M.D.**

23b. ADDRESS **625 W. Paseo Kansas City, Mo.**

23c. DATE SIGNED **July 27, 1957**

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

24b. DATE **July 27 '57**

24c. NAME OF CEMETERY OR CREMATORY **Edwardsville Cemetery**

24d. LOCATION (City, town, or county) (State) **Edwardsville Kans.**

DATE REC'D BY LOCAL REG. **7-28-57** REGISTRAR'S SIGNATURE **Reva Minshall**

25. FUNERAL DIRECTOR'S SIGNATURE **Ward Harrington** ADDRESS **Bonner Spgs Ks**

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.....  
Signature of Student Embalmer

Signed *Max E. Meyer*.....

Licensed Embalmer No. *456*

P. O. Address *H.C. HS*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.