1	_ _	MAR 2 1 1960 Registration District No	137_Prim	nary Registration	District No. 4.21	Registrar's No.	70	STAT	E FILE NU	MBER
	-	I. PLACE OF DEATH				2. USUAL RESIDEN	NCE (Where decea	sed lived. If in	stitution: F	Residence bef
1	a. COUNTY HENRY					a. STATE Missouri b. COUNTY Pettis admission)				
	i —	b. CITY (If outside cor OR	rporate limits, give TOWNS	HIP only)	Length of stay in 1b	付 c. CITY	SOUTE I			Inside Limit
	1	town Wind	isor		TYEARS	OR TOWN Se	dalia			Yes ⊠ No
	I —	FILL MANNE OF ALL	NOT 1 1 1 1 1 1	rion)	Inside Limits	d. STREET ADDRESS		utside, give loca	tion)	Reside on Fa
	l	INSTITUTION COL	not in hospital, give locat	.Home	Yes (X No 🗆	ADDRESS				Yes 🗋 No
ł	—	3. NAME OF DECEASED	First		Middle	Lest	4. DATE	Month	Day	Year
	1 `	(Type or print)		·	-		OF			, , , ,
	l –		ELLA	F	R	KUHN	9. AGE (last b)	arch 12.		IF UNDER 2
	5	5. SEX	6. COLOR OR RACE	7. Married [Widowed (1.	Months		Hours A
	l -,,	Female	White	l		Dec. 6, 18	884 75	revieted 12 CI	TIZENI OE V	WHAT COUNT
	, "	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		106. KIND OF BUSINESS OR INDUSTRY		1	· · ·	1. 0		WHAT COUNT
	l	<u>Teacher</u>		<u> Mus</u>			<u>Missouri</u>		S.A.	
	13	3a. FATHER'S NAME		136. M	OTHER'S MAIDEN NAW	ne .	14, NA	ME OF HUSBAND	OK WIFE	
	l _	Peter Kuhn Christina Lar				dmann		lone		
					OCIAL SECURITY NO.		17. INFORMANT Address			
		(es, no, or unknown) (If yes, give war or dates of service) NO			Karl E. Ku	ihn, Nevac	la, Misso			
⊨ I	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND D									
~	1 1	PART I.	DEATH WAS CAUSED BY:	mie ioi (e), (b),	and (c).		•		ON ON	ERVAL BETWI
CUMEN		PART I.	IMMEDIATE CAUSE (a)	Gere	1000	he no-			ୁଦ	ERVAL BETWI
DOCUMENT		Condition which gas above to stating to lying to a state of the conditions are also as a second to the conditions are also as a second to the conditions are a second to the conditions ar	IMMEDIATE CAUSE (a) ns, if any, sve rise to cause (a), the under-lause last. DUE TO (c	Sexe Arto	- bro ()	0 - 05/3		•	ୁଦ	ISET AND DEA
DOCUMEN	ICATION	Condition which gas above to stating to lying to a state of the conditions are also as a second to the conditions are also as a second to the conditions are a second to the conditions ar	IMMEDIATE CAUSE (a) ns, if any, pure rise to cause (a), the under-	Arto Deve	- bro ()	0 - 05/3		PART III. If continue there	deceased to a pregnan	was female
DOCUMEN	. CERTIFICATION	Condition which gas above to stating the lying carry PART II.	IMMEDIATE CAUSE (a) ns, if any, ave rise to cause (a), he undersuse last. OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEAT	0 - 05/3	the terminal	there	decessed of a pregnantes N	was female cy in last 90
DOCUMEN	AEDICAL CERTIFICATION	Condition which gas above to stating the lying control of the lying cont	IMMEDIATE CAUSE (a) ns, if any, see rise to cause (a), the undersuse last. DUE TO (c OTHER SIGNIFICANT CO disease condition given in	c) Level Arto Conditions CO PART I (a)	NTRIBUTING TO DEAT	TH but not related to	the terminal	there	decessed of a pregnantes N	was female cy in last 90
DOCUMEN	T. I	Condition which gas above to stating the lying condition which gas above to stating the lying condition with the lying condition with the lying condition with the lying condition with lying condition which gas above to stating the lying condition with life c	IMMEDIATE CAUSE (a) ns, if any, save rise to cause (a), the under- ause last. DUE TO (c OTHER SIGNIFICANT CO disease condition given in 20a. ACCIDENT SUICIDE Month, Day, Year D 20e. PLACE	ONDITIONS CO	NTRIBUTING TO DEAT	TH but not related to	o the terminal O. (Enter nature of	there	decessed of pregnances Nor PART II	was female cy in last 90
DOCUMEN	T. I	Condition which gas above to stating the light of the lig	IMMEDIATE CAUSE (a) ns, if any, ave rise to cause (a), the undersuse last. DUE TO (b) DUE TO (c) OTHER SIGNIFICANT CO disease condition given in the undersuse last. 20a. ACCIDENT SUICIDE Month, Day, Year D 20a. PLACE farm, fi	ONDITIONS CO	NTRIBUTING TO DEAT 20b. DESCRIBE HO in or about home, fice bldg., etc.)	TH but not related to W INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal C. (Enter nature of the LOCATION the last saw her aline)	coun	decessed is pregnances Nor PART II	was female cy in last 90 lo Unk of item 18.)
	T. I	Condition which gas above to stating the strength of the stren	IMMEDIATE CAUSE (a) Ins., if any, aver rise to cause (a), the undersuse last. DUE TO (compared to the undersuse last.) DUE TO (compared to the undersuse last.) OTHER SIGNIFICANT COMMISSION (Compared to the undersuse condition given in the undersuse last.) DUE TO (compared to the undersuse last.)	OF INJURY (e.g. actory, street, of	NTRIBUTING TO DEAT 20b. DESCRIBE HO in or about home, fice bldg., etc.)	TH but not related to own INJURY OCCURRED 20f. CITY, TOWN, OF the date stated above, and the stated above, are stated above.	the terminal C. (Enter nature of the LOCATION the last saw her aline)	coun	decessed is pregnances Nor PART II	was female cy in last 90 lo Unk of item 18.)
OF	T. I	Condition which gas above to stating the light of the lig	IMMEDIATE CAUSE (a) Ins., if any, aver rise to cause (a), the undersuse last. DUE TO (compared to the undersuse last.) DUE TO (compared to the undersuse last.) OTHER SIGNIFICANT COMMISSION (Compared to the undersuse condition given in the undersuse last.) DUE TO (compared to the undersuse last.)	ONDITIONS CO	NTRIBUTING TO DEAT 20b. DESCRIBE HO in or about home, fice bldg., etc.)	TH but not related to W INJURY OCCURRED 20f. CITY, TOWN, OR	the terminal C. (Enter nature of the LOCATION the last saw her aline)	coun	decessed is pregnances Nor PART II	was female cy in last 90 lo Unk of item 18.)
OF	MEDICAL	Condition which gas above to stating the straing of	IMMEDIATE CAUSE (a) Ins. if any, six or rise to cause (a), the under-ause last. DUE TO (b) OTHER SIGNIFICANT CC disease condition given in the under-ause last. DUE TO (c) OTHER SIGNIFICANT CC disease condition given in the under-ause last. DUE TO (c) OTHER SIGNIFICANT CC disease condition given in the under-ause last. DUE TO (c) OTHER SIGNIFICANT CC disease condition given in the under-ause last. DUE TO (c) OTHER SIGNIFICANT CC disease condition given in the under-ause last. DUE TO (b) OTHER SIGNIFICANT CC disease condition given in the under-ause last. OTHER SIGNIFICANT CC disease condition given in the under-ause last. OTHER SIGNIFICANT CC disease condition given in the under-ause last.	OF INJURY (e.g. actory, street, of	NTRIBUTING TO DEAT 20b. DESCRIBE HO 20b. DESCRIBE HO i., in or about home, ffice bldg., etc.) m on th	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR Charles date stated above, of 22b. ADDRESS	the terminal C. (Enter nature of C. LOCATION d test saw her stimes and so the best of	COUN re on Man my knowledge, f	deceased to a pregnant as Nor PART III	was female cy in last 90 lo Unk of item 18.) STAT 22c. DATE Str.
OF	MEDICAL	Condition which gas above to stating the straing of	IMMEDIATE CAUSE (a) ns, if any, sive rise to cause (a), the undersuse (a), the undersuse last. DUE TO (c) OTHER SIGNIFICANT CC disease condition given in the undersuse condition given given in the undersuse condition given given	OF INJURY (e.g. actory, street, of	20b. DESCRIBE HO 20b. DESCRIBE HO in in or about home, ffice bldg., etc.) m on the	TH but not related to DW INJURY OCCURRED 20f. CITY, TOWN, OR Charles date stated above, of 22b. ADDRESS	the terminel C. (Enter nature of R. LOCATION d test saw her slive and to the best of R. LOCATION (C. LOCATI	COUNTY in PART I of the control of t	decessed is a pregnances Nor PART III	was female cy in last 90 lo Unk of item 18.)
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STATEMENT BY LICENSED EMBALMER

MAR 22 1960

,	is recorded on the reverse side of this certificate was embalmed
or by	, Student Embalmer No
working under my personal supervision.	_ Signed Sichard D. Conn
Student	Signed_Xukara. D. Conn
Signature of Student Embalmer	
	Licensed Embalmer No. 4703

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conwith 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.