

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026973

FILED VS AUG 8 1960

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 3786

STATE FILE NUMBER

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JACK M. DAVIS

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>45 years</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7815 E. 67th St</u>				d. STREET ADDRESS (If outside, give location) <u>7815 E. 67th St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Rudolph</u> Middle <u>J</u> Last <u>Kuhn</u>				4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-1-1877</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Smithman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Karch Island RR</u>		11. BIRTHPLACE (City and state or country) <u>Versailles Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Otto Kuhn</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Harms</u>			14. NAME OF HUSBAND OR WIFE <u>Leota Kuhn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Mrs. Helen C. Cutchers 8001 Raytown Rd</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Bronchial pneumonia</u>							<u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Heart failure</u>							<u>2 weeks</u>
DUE TO (c) <u>arterio sclerotic Heart Disease</u>							<u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of bladder</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug 5 7</u> to <u>21 July 60</u> and last saw him alive on <u>19 July 60</u> Death occurred at <u>4:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Jack M. Davis MD</u>				22b. ADDRESS <u>Raytown Mo</u>		22c. DATE SIGNED <u>22 July 60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>July 23 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
24. FUNERAL DIRECTOR <u>Wilks Funeral Home 2365 Sprink</u>				25. DATE RECD. BY LOCAL REG. <u>7-22-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

Dr. Jacob M. Davis  
9406 E 63rd  
St. Louis, Mo. 63116

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas E. Wick

Licensed Embalmer No. 264

P. O. Address 19 E. 2nd

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