

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1948
Registration District No. 287

Primary Registration District No. 5520

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town Rural WINDSOR TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 Mi E of Calhoun
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 yrs Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County HENRY
(c) City or town (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Mi East Of Calhoun Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie A Kueck
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 10
year 1948 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from Apr 2
1947 to Mar 10 1948
that I last saw her alive on Mar 10 1948
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard Kueck 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased JAN. 29 1902
(Month) (Day) (Year)

Immediate cause of death Infection
due to nephritis: Juba pneumonia
following
following
Due to of existing
metastasis to bladder (unif.)
Due to probably to lung
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 46 Months 1 Days 11
If less than one day _____ hr. _____ min.
9. Birthplace HENRY Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {
11. Industry or business _____
12. Name David Pierce
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name ANNA HAMMOND
15. Birthplace Cook Co Ill
(City, town, or county) (State or foreign country)
16. (a) Informant Leonard Kueck
(b) Address Calhoun Mo
17. (a) Burial (b) Date thereof 3 12 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ENG's Wood Cem
18. (a) Signature of funeral director SICKMAN & DANNING
(b) Address 218 South Third Clinton Mo
19. (a) 3-12-48 (b) R A Kemmer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury fall
23. Signature Geord West (Date) _____
Address Clinton Mo Date signed Mar 13

RECEIVED

District Health Officer No. 7,

District File Number 2-48-247

Date Filed 3-15-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. P. Housey
Licensed Embalmer No. 3682
P. O. Address Calhoun, 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.