

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12663**
Registrar's No. **204**

Registration District No. **80**

Primary Registration District No. **3017**

27
1
2

11568

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

1. PLACE OF DEATH:

(a) County COPEY

(b) City or town BEANVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RAUENSWAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA KUHN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife THEO. KUHN

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 1 8 - 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>3</u>	<u>20</u>	hr. _____ min.

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name HEDM. UNGLAUB

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARY HUTH

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles Kuhn

(b) Address Jamestown Mo.

17. (a) REMOVAL (b) Date thereof 4-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONITEAU CEM.

18. (a) Signature of funeral director G. Albert Hornbeck

(b) Address Prarie Home Mo.

19. (a) 7-30-46 (b) Clay Morris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU⁶⁸

(c) City or town JAMESTOWN MO.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 17
1946 April 28, 1946
that I last saw him alive on April 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Breasts

Duration 1 yr

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations 50

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. L. Meredith (M. D. or other) MD

Address Prarie Home Date signed 4/28/46

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-8-46

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.