

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10233

State File No. _____

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 235-

1. PLACE OF DEATH:

(a) County Monteale

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether)

In this community 57 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monteale

(c) City or town California
(If outside city or town limits, write "RURAL")

(d) Street No. East Main
(If rural, give location)

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

3. (a) PRINT FULL NAME ELISE KUEHNI

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1945 hour 12 minute 40P M.

4. Sex female Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 1 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 21 1945 to March 23 1945;
that I last saw h. alive on March 23 1945,
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 0 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death
Accidental Burns of face
neck left arm chest and back 7 days

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 181

10. Usual occupation housewife

11. Industry or business _____

12. Name Daniel Kuehni

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

14. Maiden name Anna Elizabeth Fuhman

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

Major findings: Of operations 15

Of autopsy _____

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

16. (a) Informant Ernest L. Moser

(b) Address Platte, Kans

17. (a) Funeral (b) Date thereof March 25, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berman Baptist Cemetery

18. (a) Signature of funeral director A. E. Wilson

(b) Address California, Mo

19. (a) 3-26-45 (b) A. J. Rovel
(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) Accident

(b) Date of occurrence March 21 1945

(c) Where did injury occur? California Monteale Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? yes (Specify type of place) (c) Means of injury Fire

23. Signature B. G. Hubbs (M. D. or other) _____
Address California Date signed 3/24/45

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

MOTHER FATHER

1312

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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..... A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address: California, Me.

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.