

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7049

State File No.

Registrar's No.

MAR 11 1943 12 24

Registration District No.

Primary Registration District No.

3046

71

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
312 E. Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 (Specify whether years, months or days)
In this community 67

3. (a) PRINT FULL NAME

CHRISTIAN KUEHNI

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Eva Kuehni 6. (c) Age of husband or wife if alive 18 years (Month) (Day) (Year)
7. Birth date of deceased April 18 1857 (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

12. Name Daniel Kuehni
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Anna Elizabeth Fischer
15. Birthplace Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Ernest L. Moser
(b) Address Platte Kansas
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 26 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director J. W. Wilson & Son
(b) Address California, Mo.
19. (a) 2-26-43 (Date received local report) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Moniteau
(c) City or town California (If outside city or town limits, write "RURAL")
(d) Street No. 312 E. Main St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1943 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 23 1943 to Feb 24 1943 that I last saw him alive on Feb 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of left leg and Chronic Cardio-Vascular disease
Due to 18 1/2 hours
Due to 3 hrs.

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 168
(b) Date of occurrence Feb 23 1943
(c) Where did injury occur? California Moniteau Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home in his yard (Specify type of place)
While at work? yes (e) Means of injury Burns

23. Signature E. A. [Signature] (M. D. or other)
Address California (b) Date signed 2/26/48

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

(Licensed Embalmer's Statement on Reverse Side)

1312

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, 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.

EP-18-18