# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

11814

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No. 1610
City K. C. (No. 2521 Elma St. Ward) — Registered No.

2. FULL NAME Susan Koeneke
(a) Residence. No. 2521 Elma St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Wm Koeneke

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 10, 1850

7. AGE: Years 77 — Months 2 — Days 7 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John Hanson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Mertsheimer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Wm Koeneke
(Address) 2521 Elma K. C. Mo

15. FILED 4/18, 1927 M. M. Crowe, Asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Mch, 1917, to Apr. 17, 1927, that I last saw her alive on Apr. 17, 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency & Myocarditis
131
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Ch. parenchymatous Nephritis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. L. Hearst, M. D.
4/18, 1927 (Address) 722 Chambers Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hills — DATE OF BURIAL: Apr. 20 1927

20. UNDERTAKER: D. W. Newcomers — ADDRESS: K. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Allen Hauser
722 Chambers Bldg.
Har 8746. (12th & Walnut)
1-5.