

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File # 36357
Registered No. 361
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 730 W. South Ave Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF. Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 28 - 1944

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson (Prussia) Germany

13. NAME Conrad Koehler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Katrina Laddy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Marquet Robertsari 730 W. South Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion DATE Nov 7 - 1933

19. UNDERTAKER (ADDRESS) Carson Funeral Home Independence Mo

20. FILED Nov 7 1933 Dr. F. L. Cook Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 1909, 19____, to 11/6/33, 19____.

I last saw him alive on 11/4/33, 19____. Death is said

to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Enlarged & Bleeding Aorta Date of onset 1933
Organic Dis. of Heart

Other contributory causes of importance 137 Density

Name of operation _____ Date of _____
What test confirmed diagnosis? Chamber Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. E. McManis, M. D.
(Address) Independence Mo

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

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.

JAN 4 1934

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