

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

Do not use this space.  
**17216.**

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Lau Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 4034 Highland Registered No. 1913

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

2. PRINT FULL NAME Mrs. Elise Kovachoff 191

(a) Residence, No. 4034 Highland St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Triko K. Kovachoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

68	7	21	
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

13. NAME Arnold Bertochi

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Triko K. Kovachoff  
4034 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE May 9, 1938

19. FUNERAL DIRECTOR (ADDRESS) Wagner Funil Home  
204 W. Lincoln

20. FILED May 7 1938 M. M. Cronin  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to May 6, 1938

I last saw her alive on May 6, 1938. Death is said to have occurred on the date stated above, at 7:05 P.M.

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

Cerebral haemorrhage Date of onset

8201

Other contributory causes of importance:

arterial sclerosis

Name of operation none Date of

What test confirmed diagnosis: Physioid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Frances J. Henry, M. D.

(Address) 2910 Harrison St. N.C.

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**