

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

**21573**  
 Do not use this space.

REC'D JUL 15 1938

**1. PLACE OF DEATH**

(a) County Cass Registration District No. 152  
 (b) Township Camp Branch Primary Registration District No. 5216  
 (c) City..... (d) Street No. Harrisonville mo. Registered No.....  
 (e) Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Dorothea Kohler 460  
Harrisonville mo. St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF Andrew Kohler

22. I HEREBY CERTIFY That I attended deceased from May 13 1938 to June 6 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1857

I last saw her alive on June 1 1938. Death is said to have occurred on the date stated above, at 1-PM

7. AGE YEARS 81 MONTHS - DAYS 24 If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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

Coronary Sclerosis  
Myocarditis  
Chronic Nephritis  
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wurtemberg Germany

Other contributory causes of importance: 121

FATHER 13. NAME Daniel Freiderichschulte

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

MOTHER 15. MAIDEN NAME Keller

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

17. INFORMANT Andrew Kohler  
 (ADDRESS) Harrisonville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sto Chapel DATE June 8 1938

19. FUNERAL DIRECTOR Arthur Bro.  
 (ADDRESS) Harrisonville mo

20. FILED 8-8 1938 Mrs Effie Stone Local Registrar

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. H. Scott M. D.  
Harrisonville mo 145 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Rayd Atkinson

Licensed Embalmer No.

3920

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No.

working under my personal supervision.

Signed

Rayd Atkinson

Licensed Embalmer No.

3920

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**