

NOV 23 1938

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

36338
Do not use this space.

1. PLACE OF DEATH
 (a) County Montgomery Registration District No. 394 518
 (b) Township Loutre Primary Registration District No. 4312 Registered No. 12
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Coletta Elizabeth Kolks Rhineland, Mo. R.F.D.
 (a) Residence, No. Montgomery County 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 Rudolph Kolks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 26

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) 5-1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Rhineland 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Rudolph Theissen 0
 14. BIRTHPLACE (CITY OR TOWN) Rhineland 0
 (STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME Francis Struttwann
 16. BIRTHPLACE (CITY OR TOWN) Rhineland
 (STATE OR COUNTRY) Missouri

17. INFORMANT Rudolph Kolks
 (ADDRESS) Rhineland, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Joseph Cath. DATE 10-11, 1938

19. FUNERAL DIRECTOR Hugo H. Blumer
 (ADDRESS) Hermann, Mo

20. FILED 10-10, 1938 Name Lee Thompson
 Local Registrar. 524

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to Oct 9, 1938
 I last saw her alive on Oct 8, 1938 Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:
Sarcoma of Pelvis and Hip joint Date of onset Sept 1938

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray 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? no
 If so, specify _____ (Signed) A. R. Ranschiffbaech, M. D.
Rhineland Mo (Address)

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.

53-

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer

L. E.

No. 3160 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Hugo H. Blumer

Licensed Embalmer No. 3160

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Montgomery Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Calitha E. Kolko

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 26

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

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

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.....

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1918

22. I HEREBY CERTIFY, That I attended deceased from

19..... to 19.....

I last saw h..... alive on....., 19..... Death is said

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

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

Sarcoma of Pelvis and hip joint Date of onset

Other contributory causes of importance: 50

Name of operation Date of

What test confirmed diagnosis? Ray 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) O. B. Ranselbeck M. D.

(Address) Phineault

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.

REGISTRARS SMALL. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

