

050 MAR 9 1939

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

6884
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township Joplin Primary Registration District No. 3021 Registered No. 15
 (c) City Webb City (d) Street No. 703 S. HALL. 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

(a) Residence, No. 703 So Hall St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 3

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Joplin
Missouri

FATHER 13. NAME Adolph Kohley

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

MOTHER 15. MAIDEN NAME Lida Shouder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville
Arkansas

17. INFORMANT (ADDRESS) Mrs Grace Sells (Daugh)
Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE CARTERVILLE CEM. DATE FEB. 21. 39

19. FUNERAL DIRECTOR (ADDRESS) Ruell Mortuary
Cartersville, Mo

20. FILED FEB. 20. 39. 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 ^{to} Feb 19 1939

I last saw her alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 1:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis
 Other contributory causes of importance: 22

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) R. M. Starnmont
 (Address) Webb City, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-481

Date Filed MAR 4 1939

STATEMENT BY LICENSED EMBALMER

I, J. W. Knell, Licensed Embalmer No. 814

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. W. Knell
Licensed Embalmer No. 814

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.)