

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

9540
Do not use this space.

RECD APR 17 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kear Primary Registration District No. 1002 Registered No. 1126
 (c) City Lansing City (d) Street No. Research Hospital 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 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth 58 yrs. mos. ds.

2. PRINT FULL NAME Mrs. Ottilie Bertha Kowar
 (a) Residence, No. 1926 Kensington St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor E. Kowar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>5</u>	<u>10</u>	

OCCUPATION
 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
Housewife

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

FATHER
 13. NAME UNKNOWN Ruchme
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Victor E. Kowar
1926 Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Maria DATE Mar 14 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Neumann
Brushcreek + Case

20. FILED Nov 14 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from 11 - 2 - 1939 to Mar 11 1939
 I last saw him alive on 3 - 11 - 1939. Death is said to have occurred on the date stated above, at 940A.
 The principal cause of death and related causes of importance were as follows:
Diabetic Coma
59
 Other contributory causes of importance:
arteriosclerosis
Hypertension

Name of operation
 What test confirmed diagnosis Chemical analysis of 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
 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) Dr. Paul Bach M. D.
 (Address) 924 Prof. Pl.

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

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.

11-11-39

924
Ging H... 11-8-1881

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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.)

If this body is not embalmed, above space should be left blank.