

JUN 19 1939

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

17917
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Saltriver Primary Registration District No. 3002
(c) City Mexico, Mo (d) Street No. Audrain 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 31 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Leo Koss

(a) Residence, No. R.F.D. 1 Mexico, Mo. 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 Male 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 Ancie Koss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1869

7. AGE YEARS 70 MONTHS 3 DAYS 8 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) May 15, 1939 11. Total time (years) spent in this occupation 7 yrs

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

13. NAME William Koss

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

15. MAIDEN NAME Martha Hulberson

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

17. INFORMANT Mrs. Ancie Koss (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo. Catholic Cemetery, DATE May 19, 1939

19. FUNERAL DIRECTOR H.A. Precht & Son (ADDRESS) Mexico, Mo.

20. FILED May 18, 1939 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1939, to May 16, 1939
I last saw him alive on May 16, 1939. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

apoplexy
Hypertension
Arteriosclerosis
Date of onset 5-16-39
Other contributory causes of importance:
None

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) R.D. Williams, M. D.
(Address) Mexico, Mo.

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-1106

Date Filed JUN 8 1939

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

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

working under my personal supervision.

Signed Earl E. Precht

Mexico, Mo.

Licensed Embalmer No. 3189

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.)