REC'D JUN 8 1939

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

18426
Do not use this space.

1. PLACE OF DEATH
(a) County Cole
(b) Township
(c) City Jefferson City, Mo. (d) Street No. St. Mary's 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 213
Primary Registration District No. 3014
Registered No. 117

2. PRINT FULL NAME H/O Kathrine Anna Kolb
(a) Residence, No. 920 W. Mc Carty 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1878
7. AGE: Years 61 | Months 3 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

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) Taos, Mo. 0

FATHER
13. NAME Jacob Kolb 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Anna C. Backers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Elmer Schepers
(ADDRESS) 509 Mulberry Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Resurection DATE 5/8/39, 19

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
(ADDRESS) Jefferson City, Mo.

20. FILED 5/8/, 1939 [illegible] M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6/39, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 6, 1939
I last saw h... alive on May 6, 1939. Death is said to have occurred on the date stated above, at 9:30 m. A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 1-39
Basilar, with terminal	
Pneumonia	
J. J. H.	
Other contributory causes of importance:	
High Blood Pressure	1920

Name of operation ..... Date of ....
What test confirmed diagnosis? Clinical 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) Jas. D. Hill, M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, John F. Heinrichs, or by

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

Signed John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, Mo.

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

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