

REC'D JUN 22 1939

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

19261

Do not use this space.

## 1. PLACE OF DEATH

(a) County Moniteau Registration District No. 575  
 (b) Township Willowfork Primary Registration District No. 4339  
 (c) City Dipton (d) Street No. \_\_\_\_\_  
 (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

Andrew G. Koschner  
 (a) Residence, No. Dipton Moniteau Co. 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 ella Koschner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 5 19

OCCUPATION 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) near Dipton  
 (STATE OR COUNTRY) Moniteau Co. Mo.

FATHER 13. NAME Adolph Koschner

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

MOTHER 15. MAIDEN NAME Helen Muerer

16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) ella Koschner  
Dipton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 5-24-1939

19. FUNERAL DIRECTOR (ADDRESS) J. S. Elmhoff  
Dipton Mo.

20. FILED 5-23-39 Mrs. E. C. Frye  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on Never, 19\_\_\_\_. Death is said to have occurred on the date stated About 7 P.M.

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

Apoplexy  
Sudden death  
82 W

Other contributory causes of importance:

Acute Indigestion

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? None 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? No

If so, specify \_\_\_\_\_  
 (Signed) H. R. Pobojay, Coroner, M. D.

507 (Address) California Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

MADE IN U.S.A. RESERVE FOR BINDING

V. S. NO. 7-20-37  
FORM-7-20-37  
1 X122004

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

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

..... L. E. ....

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

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**