

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.

JUL 10 1939

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

21055
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson County 3 Registration District No. 1002
 (b) Township Raw 1 Primary Registration District No. _____ Registered No. 2823
 (c) City Kansas City Mo. (d) Street No. 5331 Highland Ave. _____ 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Koeing (Harry Koeing)
 (a) Residence, No. 5331 Highland Ave. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Dillenger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>81</u>				

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Kentucky 1

FATHER
 13. NAME Charles Koeing 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record 9

MOTHER
 15. MAIDEN NAME Emilia Schmitt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Sister Camille
5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Marys DATE 6/7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quirk and Tabin Co.
Kansas City, Mo.

20. FILED June 6, 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th 1939

22. I HEREBY CERTIFY That I attended deceased from March 1937, to June 5, 1939
 I last saw him alive on June 10, 1939 Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset _____
8 months
930

Other contributory causes of importance:
Essential hypertension
10 yrs

Name of operation _____ 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? 1
 If so, specify _____
 (Signed) Paul D. Purke M. D.
 (Address) 1402 Bright Way

50M-9-19-38
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.