

REC'D SEP 21 1939

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

30440

Do not use this space.

1. PLACE OF DEATH

(a) County Winnon Registration District No. 895
(b) Township Central Primary Registration District No. 3039 Registered No. 216
(c) City Nevada (d) Street No. 1028 S. Main 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

460 Herman Ernest Koehler
(a) Residence, No. 1028 S Main St 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Koehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
78 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as saw mill, bank, etc. Merchant
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) Liebschitz Prussia GermanyFATHER 13. NAME Not Known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not KnownMOTHER 15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT (ADDRESS) Jervis Koehler Nevada Mo18. BURIAL, CREMATION, OR REMOVAL Newton Cemetery DATE Aug-30-193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home Nevada Mo20. FILED 8-29-1939 Allen J. Zanya 795 (Address) Nevada, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-28-193922. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Aug 28, 1939.I last saw him alive on Aug 27, 1939 Death is said to have occurred on the date stated above, at 6:30 m.

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

DiabetesDate of onset Not known

Other contributory causes of importance:

Advanced ageName of operation none Date of ✓What test confirmed diagnosis? Exam 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) W. Love, M. D.

Nevada, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1767

Date Filed 9-5-39

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 Personal

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

Signed Lloyd R. Winick

Licensed Embalmer No. 2857

P. O. Address Nevada, 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.