

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10876

FILED APR 22 1940

Registration District No. 572

Primary Registration District No. 4176

Registrar's No. 7

1. PLACE OF DEATH

(a) County. FRANKLIN  
(b) City or town. NEW HAVEN Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2  
In this community. 15 YEARS  
years, months or days

3. (a) PRINT FULL NAME MARY KOCH

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMIL KOCH 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 9 29 1889  
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 28 If less than one day hr. min.

9. Birthplace RICHMOND Mo. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER { 12. Name HECTOR MYTMMIS 18. Birthplace CANADA 14. Maiden name JOHANA KELLNER 15. Birthplace CHESTER, ILL. (City, town, or county) (State or foreign country)

16. (a) Informant Emil Koch (b) Address New Haven Mo

17. (a) Burial (b) Date thereof Mar 23 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery

18. (a) Signature of funeral director L.C. FERTIG, SON (b) Address NEW HAVEN Mo

19. (a) Mar 23-40 (b) Jeffie Grammeau (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN  
(c) City or town NEW HAVEN  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1940 11 hour 11:35 minute A. M.

21. I hereby certify that I attended the deceased from September 1935 to March 21, 1940.

that I last saw her alive on March 21, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2 1/2 hrs

Due to Angina pectoris and chronic myocarditis 3 1/2 hrs

Due to... Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no operation Of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work (Specify type of place) (e) Means of injury.

23. Signature B.P. Eisenmann (M. D. or other) Address New Haven, Mo. Date signed 3/22/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6360

AUG 4 1948

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

Signed

Earl Fertig

Licensed Embalmer No.

23385

P. O. Address

Wudleaven Inc

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.