

MAY 20 1940  
Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Perry Bristow  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(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 1-8-18 (Specify whetherIn this community  
years, months or days)3. (a) PRINT FULL NAME Merlin Koenig 520

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 24 1938  
(Month) (Day) (Year)8. AGE: Years 1 Months 8 Days 18 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Otto Koenig  
13. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Ester Bock  
15. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Otto Koenig(b) Address Stark St Perry Mo17. (a) Burial (b) Date thereof April 14 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Farrar Mo.18. (a) Signature of funeral director Young & Sons(b) Address Perry Mo.19. (a) \_\_\_\_\_ (Date received local registrar)  
(b) \_\_\_\_\_ (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry(c) City or town Rural  
(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 April day 12  
year 1940 hour 10 minute 30 A.M.21. I hereby certify that I attended the deceased from  
4-9, 1940, to 4-12, 1940  
that I last saw him alive on 4-12, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia, Bronchial Duration 4

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 1 month of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically22. If death was due to external causes, fill in the following: none

(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?  
978While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature G. A. Balish (M. D. or other) \_\_\_\_\_Address Farrar, Mo. Date signed 4-12-40

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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

*Quard C. Young*

Licensed Embalmer No.

*2138*

P. O. Address

*Pennington, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 15-723-

Registration District No. 662

Primary Registration District No. 3879

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Perry  
(If outside city or town limits write "RURAL" and name of township)  
(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  
In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (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.

3. (a) PRINT FULL NAME

Merlin Koenig

(b) If veteran, name war

(c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 8 16 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) W. Habernathy (Registrar's signature)

20. DATE OF DEATH Month 4 day 12 year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

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

Major findings:

Of operations

Of autopsy

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 G.A. Polisch, M. D. or other

Address Johnson Days signed

SUPPLEMENTAL

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

WRITE PLAINLY--USE UNFADING, BLACK INK--MAKE A PERMANENT RECORD

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