No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17674

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2201

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3840 College
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 23 years.

LIBITO, 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City,
(If outside city or town limits write "RURAL")

(d) Street No. 3840 College,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Margaret A. Koerner,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex FeMale

5. Color or race White

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

6. (b) Name of husband or wife William Koerner,

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October (Month) 19 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
79	7	9	hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER

12. Name Philip Postock,

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

14. Maiden name Elizabeth Schweigert,

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

16. (a) Informant F. B. Koerner,

(b) Address 3840 College, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-40 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 29, 1940 (Date received local registrar) (b) M. M. Orme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-28-40 day year hour minute 3 P M.

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

Immediate cause of death Generalized Carcinoma Metastasis

Due to Carcinoma of Breast

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Russell W. Fox (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

[illegible], Registered Apprentice No. 222

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1415

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.