

JUN 16 1940 85
Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 567

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution Missouri Methodist Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Rural
(d) Street No. 3 1/2 mi. west, 1 mi. S. of Maryville
(e) If foreign born, how long in U. S. A. 31 years

3. (a) PRINT FULL NAME FRANCES KOHLROSER

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

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Lyman Page Hull
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct. 17, 1900.

8. AGE: Years 39 Months 7 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Jugoslavia

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Kohlbrosier

13. Birthplace Jugoslavia

14. Maiden name Mary Prelesnik

15. Birthplace Jugoslavia

16. (a) Informant Lyman Hull

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof May 23, 1940

(c) Place: burial or cremation Burlington, Mo.

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo

19. (a) Date received local registrar May 22, 1940 (b) Registrar's signature _____

VLL MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1940 hour 07 minute 30 PM

21. I hereby certify that I attended the deceased from 5.4.40, 19, to 5.20.40, 19;
that I last saw her alive on 5.20.40
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus
Due to _____
Due to _____

Other conditions Extra uterine pregnancy (tubal abortion) (left)

Major findings: Of operations Extra uterine pregnancy (tubal abortion)
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? _____
(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 J. H. Ryan (M. D. or other) _____
Address Maryville Mo Date signed 5.21.40

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

SEP 11 1944

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

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.