

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH: PIKE MO OCT 23 1940
 (a) County LOUISIANA MO
 (b) City or town LOUISIANA MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: PIKE CO HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 HOURS
 (Specify whether _____)
 In this community 20 YEARS
 years, months or days

3. (a) PRINT FULL NAME ALICE KOHLB
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race AFRICAN
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife JOHN KOHLB (DEC)
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 15 1882
 (Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 22
 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name LONDON HOGAN

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

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Lillian L. Wilcox

(b) Address Vandalia, Mo

17. (a) BURIAL (b) Date thereof SEPT. 10 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RIVERVIEW CEM

18. (a) Signature of funeral director W. F. Suler

(b) Address Louisiana Mo

19. (a) 9/9/40 (b) W. F. Suler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County PIKE
 (c) City or town LOUISIANA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 700 N. 9TH ST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 7th
 year 1940 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 8/27/40 19. to 9/7/40 19. ;
 that I last saw her alive on 9/6/40 19. ;
 and that death occurred on the day and hour stated above.

Immediate cause of death Diabetic Coma Duration 12 hrs.

Due to Diabetes Mellitus ?

Due to Infected Abrasion

Other conditions peritonitis Rt leg (Tibia) 10 days

Major findings: Of operations Strep. Septicemia PHYSICIAN _____
 Of autopsy 59
 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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature R. A. Urbach (M. D. or other) _____

Address Louisiana, Mo Date signed 9/9/40

N. B.—Every item of information should be carefully classified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-40-1835

Date Filed OCT 8 1940

SEP 6 1945

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~~ _____

Harold Garner

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana, 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.