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

1. PLACE OF DEATH: Franklin
 (a) County Franklin
 (b) City or town New Haven Mo
 (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 _____ (Specify whether)
 In this community 10 yrs. years, months or days

3. (a) PRINT FULL NAME: FREDRICH W. KOELKEBECK
 3. (b) If veteran, name war: ✓
 3. (c) Social Security No. None

4. Sex Male 5. Color of race W.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife NATIE KOELKEBECK
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased May 8 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 12
 If less than one day _____ hr. _____ min.

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

10. Usual occupation: Retired

11. Industry or business:
 { **12. Name:** Fritz Koelkebeck
 { **13. Birthplace:** Germany (State or foreign country)
 { **14. Maiden name:** Bathorne Heckenroth
 { **15. Birthplace:** Germany (State or foreign country)

16. (a) Informant: Geo Koelkebeck
 (b) Address Washington Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof 1-23-41 (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Mo

18. (a) Signature of funeral director: W. H. Sturgeon
 (b) Address New Haven Mo

19. (a) Jan 22-41 (Date received local registrar) (b) Jeffie Grammerman (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 Jan, day 20
 year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 14, 1941, to Jan. 20, 1941;
 that I last saw him alive on Jan 18, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Mitral Stenosis
 Due to _____
 Due to HTN
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
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While at work? _____ (Specify type of place)
 (e) Means of injury 2

23. Signature: G. W. Held (M. D. or other) D.O.
 Address New Haven, Mo. Date signed 1/24/41

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 Fester

Licensed Embalmer No. 3385

P. O. Address Yonkaven Me

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.