S. No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10116

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 315

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hartsock General Hospital Inc (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days D (Specify whether
In this community en 18 Days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Daviess
(c) City or town Pattonsburg Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME John M Koger
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Lou Creatha Koger
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Nov (Month) 1 (Day) 1885 (Year)

8. AGE: Years 55 Months 4 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Daviess Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name David B Koger (Dec'd)
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Alice Moore
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs Lou Creatha Koger
(b) Address Pattonsburg Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar. 18, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Pattonsburg Mo.
18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg Mo
19. (a) 3/16/41 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1941 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb 27 ~~March~~, 1941, to March 16, 1941 that I last saw him alive on March 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary-Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations pyloric obstruction

~~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 Dr. John Hartsock (M. D. or other) D. O
Address 1202 Fred. ave Date signed 3/16/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ will be embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed G L Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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, fact should be so stated above.

V. S. No. 2B
500—4-25-41
I X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10116

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 315

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hartsock Gen Hosp. Inc. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 78 da. (Specify whether years, months or days) In this community 18 da.

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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John M. Koger

3. (b) If veteran, name war: --

3. (c) Social Security No.: --

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov. 1, 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1941 hour minute M.

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

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Pyloric Obstruction. Due to adhesions and scarification resulting from, plyoric ulcers, no signs of maligancy.

Of autopsy

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 Dr John Hartsock (M. D. or other) D.O.

Address Date signed

S-10116 1941