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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27594

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 3252

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
On Santa Fe train enroute to KC, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Non-Resident 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 979

(a) State California (b) County 4

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

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

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Jeannette Koesel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased August (Month) 31 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	11	29	..... hr. ..... min.

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

10. Usual occupation Retired school teacher

11. Industry or business .....

FATHER
12. Name Henry F Koesel
13. Birthplace ..... (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Leisman
15. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant John W Koesel

(b) Address Wilkinsburg, Pennsylvania

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-30-41 (Month) (Day) (Year)

(c) Place: burial or cremation Wilkinsburg, Pa.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 8/30/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 29 day ..... year 1941 hour ..... minute 6:40 A. M.

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

Deputy Coroner

Immediate cause of death .....

Due to Acute coronary occlusion

Due to .....

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 [signature] (M. D. or other) 3

Address K.C. Mo. 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~~ .....

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

working under my personal supervision.

Signed Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 e 7th

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

If this body is not embalmed, fact should be so stated above.