DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28118

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 259

FILED SEP 10 1941

1. PLACE OF DEATH:

(a) County Cole

(b) City or town R R # 1. Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. R. # 1. Jefferson City, 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 8 years /
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 026

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. RR # 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERNARD HERMAN KOLB

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Louise Scheuler Kolb

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 31, 1867
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	1	hr. min.

9. Birthplace Taos, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Kolb
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Anna Marie Backers
15. Birthplace Holland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Louise Scheuler Kolb
(b) Address RR #1 Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/41. (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John F. Heinz
(b) Address Jefferson City, Mo.

19. (a) 9-6-41 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Feb 12 1941, to Sept 1st 1941;
that I last saw him alive on Aug 31st 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to

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 L. Scheuler M.D. (M. D. or other) 0
Address Jefferson City Mo Date signed 9-5-41

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted] or by Sylvester Dulle, Registered Apprentice No. 292 working under my personal supervision.

Signed John F. Heinke

Licensed Embalmer No. 3655

P. O. Address Jefferson City, M

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

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