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10.39
7-39
K21492

Registration District No. 164

Primary Registration District No. 5219

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Grand River
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 6 1/2 miles S.E. Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 73 years.

3. (a) PRINT FULL NAME Fred L. Koeller

3. (b) If veteran, name war ✓ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Koeller 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 3-1858
(Month) (Day) (Year)

8. AGE: Years 83 Months - Days 26 If less than one day _____ min.

9. Birthplace Upper Detroit Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Friedrick Koeller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Rungel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Koeller

(b) Address Garden City, Mo. R. 2

17. (a) Rural (b) Date thereof Oct 2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge HUNNENBURGER'S

18. (a) Signature of funeral director HARRISONVILLE, MO

(b) Address _____

19. (a) 10/1/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Sept 10
1941 to Sept 29, 1941;
that I last saw him alive on Sept 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Arterial Sclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature [Signature] (M. D. or other) _____
Address Harrisonville Mo Date signed Oct-1-41

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 by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Ernest Rannenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.