No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 6 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32788

Registration District No. 859 Primary Registration District No. 6130 Registrar's No. 40

1. PLACE OF DEATH:

(a) County Taney

(b) City or town Hollister
(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 25 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Taney 106

(c) City or town Hollister 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes name country

3. (a) PRINT FULL NAME Otto Koler

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 26 (Month) 1871 (Day) (Year)

8. AGE: Years 69 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Fort Lee (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation Resort Owner

11. Industry or business Fred Koler

FATHER
12. Name ~~[illegible]~~
13. Birthplace (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name Dorothy Knaus
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant I. L. Hinshaw
(b) Address Hollister Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Goblers Knob

18. (a) Signature of funeral director P A Thornhill
(b) Address Branson Mo

19. (a) 9-15-41 (Date received local registrar) (b) John H Baxter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1941 hour minute M.

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

Immediate cause of death Myocarditis

Due to

Due to 93e

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?
found dead in Bed
(Specify type of place)
While at work? (e) Means of injury 9

23. Signature P A Thornhill (M.D. or other) Co Coroner
Address Branson Mo Date signed 9/15/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1041-1527
Date Filed OCT 2 1941

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 P A Thomlill

Licensed Embalmer No. 2641

P. O. Address Branson Mo

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

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