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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 ~~1942~~ 614 612

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3043

State File No. 33

Registration District No. ~~612~~ 612

Primary Registration District No. 5814

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Sarcoxie (Rural) [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State T. Mo. (b) County Newton 73

(c) City or town Sarcoxie Mo. (Rural) 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Alfred Clements Koenig

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex M 0

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 4 (Day) 1886 (Year)

8. AGE: Years 55 | Months 4 | Days 5 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Victor Koenig
13. Birthplace Alton Ill (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Catherine Burghouse
15. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. Alfred Koenig
(b) Address Sarcoxie Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Agnes Cem.

18. (a) Signature of funeral director [illegible]
(b) Address Pierce City Mo.

19. (a) Jan 13-42 (Date received local registrar) (b) Lulu Norwood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 1942 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 1-9 1942, to 1-9- 1942.
that I last saw him alive on 1-9- 1942.
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart.

Due to .....

Due to .....

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

95c4

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 0

23. Signature [illegible] (M. D. ~~or other~~)
Address Sarcoxie Mo Date signed 1-12-42

(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

me, Registered Apprentice No.

working under my personal supervision.

Signed Victor O. Kinney

Licensed Embalmer No. 3822

P. O. Address Pierce City 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.