

Registration District No. 17A

Primary Registration District No. 5179

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(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 entire life
years, months or days

3. (a) PRINT FULL NAME EMMA LOUISE KOEHLER

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fred Koehler 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb 5 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 18 hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name Jake Krueber
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Frederika Kethop
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Koehler
(b) Address Jackson, Mo.

17. (a) Burial (b) Date thereof 2-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koehler Cemetery

18. (a) Signature of funeral director J.P. ...
(b) Address Jackson, Mo.

19. (a) 26 420 (b) J.P. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1942 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Feb 19 1942
about 8 45 AM
that I last saw him alive on Feb 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis

Due to Post Prandial

Due to _____

Other conditions Hypertension
(include pregnancy within 3 months of death)

Major findings: Of operations 127a

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) (e) Means of injury 0

23. Signature J.P. ... (M. D. or other) _____
Address Jackson Mo Date signed 2-28-42

Duration about 8 45
PHYSICIAN
Underline the cause to which death should be charged statistically

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

Rev. 5-17-30 I 1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 4
District File Number 247-347
Date Filed 3-12-48

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.....

Gene Crawford....., Registered Apprentice No.....
working under my personal supervision.

Signed Lynna Steele.....

Licensed Embalmer No. 2476.....

P. O. Address Jackson 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.