

FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17701

State File No. \_\_\_\_\_

Registrar's No. 81

Registration District No. 156

Primary Registration District No. 4090

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Harrisonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Harrisonville Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 61 years (Specify whether 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. 4 mi E of Harrisonville  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Andrew Kohler

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 21 - 1854  
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 28 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Sidney Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business  
12. Name John Kohler  
13. Birthplace Germany  
14. Maiden name Barbara Marzoff  
15. Birthplace Germany

16. (a) Informant Mrs. Maggie Wolfe

(b) Address Harrisonville, Mo.

17. (a) Funeral (b) Date thereof 5/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pitts Chapel, Cem.

18. (a) Signature of funeral director Atkinson Bros

(b) Address Harrisonville, Mo.

19. (a) May 20, 1942 (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1942 hour 11 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 17, 1942 to May 19, 1942, that I last saw him alive on May 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Chronic nephritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 131 f

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. D. Seiff (M. D. of Missouri)  
Address Harrisonville, Mo. Date signed 1942

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

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**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.

David Albinson  
Licensed Embalmer No. 3920

P. O. Address Harrisonville

**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.**