

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21872
Registrar's No. 13

Registration District No. 615

Primary Registration District No. 5817

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Diamond, Marion Miss
(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 30 years
In this community 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Delton Koch
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 Grissa Koch 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Sept. 29, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 10 3 hr. min.

9. Birthplace Rockville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business II

MOTHER FATHER
12. Name Adam Koch
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Abbie Parker
15. Birthplace Rockville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Gayleann Koch (Pukerton)
(b) Address Diamond, Missouri

17. (a) _____ (b) Date thereof Aug. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cemetery

18. (a) Signature of funeral director J. A. Bigham
(b) Address Neosho, Mo.

19. (a) 8/15/42 (b) H. Koch (Gayleann Koch)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Diamond
(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.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 1, 1942
year _____ hour 6 minute 30 M.
21. I hereby certify that I attended the deceased from Aug. 1, 1942 to Aug. 1, 1942
that I last saw him alive on July 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Coronary occlusion

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) (e) Means of injury _____

23. Signature Dr. E. D. Martin (M. D. or other) DO
Address Diamond, Mo Date signed 8-1-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Ogle Stone Jr.

Licensed Embalmer No.

4176

P. O. Address

Neosho 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.