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FILED JAN - 8 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3010

Registrar's No. 337

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
In this community 25 days  
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Henny Ray 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 ✓

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 9 - 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Marion Koch

13. Birthplace Kelso Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Atherine Miller

15. Birthplace Anzell Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Koch

(b) Address Anzell Mo

17. (a) Burial (b) Date thereof 12-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highway - Ill. Mo. Mo

18. (a) Signature of funeral director Displinghoff & Hobbers

(b) Address Chaffee Mo

19. (a) 12-7-42 (b) J.H. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100  
(c) City or town Anzell 0  
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day Dec  
year 1942 hour 7 minute 30 AM

21. I hereby certify that I attended the deceased from Nov 9 1942 to 12-4 19 42  
that I last saw him alive on 12-3 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 3 days

Due to premature birth

Due to malnutrition

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

Major findings: Of operations 159

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 H. Washley (M. D. or other) MD  
Address Cape Girardeau Date signed 12/4/42

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

District Health Officer No. 4  
District File Number 143-15-91  
Date Filed 1-7-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**