

S. No. 2
1-5-42
5-17-39
I X32873

FILED JAN 15 1943
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 536

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin, 2426 Joplin Street
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Knights Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days Joplin, 72 years Lamar
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton
 (c) City or town Lamar
(If outside city or town limits, write "RURAL")
 (d) Street No. 207 Broadway
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME PERRY HENRY KOEHLER
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 5th
 year 1942 hour 10 minute 00 P.M.

4. Sex Male 5. Color or Race White
 6. (a) Single, married, divorced, Married
 (b) Name of husband or wife Alice Anna Koehler
 (c) Age of husband or wife if alive 75
 7. Birth date of deceased April 22 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 5 1942, only, 1942;
 that I last saw him alive on Dec. 5, 1942,
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
89 7 13 hr. min.

Immediate cause of death: Coronary atherosclerosis
 Due to _____
 Due to _____

9. Birthplace Decatur, Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired farmer

Other conditions Practically hypertrophy
(Include pregnancy within 3 months of death)
 Major findings: Practically hypertrophy
 Of operations _____
 Of autopsy None

MOTHER FATHER {
 12. Name John William Koehler
 13. Birthplace Prussia
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Prussia
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Mable Hawks
 (b) Address 2426 Joplin St. Joplin, Missouri
 17. (a) Burial (b) Date thereof Dec 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lake Cemetery, Lamar, Mo
 18. (a) Signature of funeral director KONANTZ FUNERAL HOME
Lamar, Missouri
 (b) Address _____
 19. (a) 12-9-42 Gustavo Sudhoffer
(Date received local registrar) (Registrar's signature)

23. Signature O. T. Shank (M. D. or other) MD
 Address Joplin, Mo Date signed 12-7-42

1204

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

42-12-1104

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, *Edward J. Gibson*.....

Licensed Embalmer No. 4137.....

P. O. Address Lamar, Missouri.....

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.