

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 108Primary Registration District No. 3038Registrar's No. 161

## 1. PLACE OF DEATH:

(a) County Linn Brookfield  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days) 8 yrs

3. (a) PRINT FULL NAME Mary A. Koehler8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, (married), divorced 16. (b) Name of husband or wife Peter Koehler 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased Nov 20 1880  
(Month) (Day) (Year)8. AGE: Years 61 Months 3 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Kansas City, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife12. Name Charles Biggert18. Birthplace Kansas City, Mo  
(City, town, or county) (State or foreign country)14. Maiden name Mary Mc Cormick15. Birthplace N.Y.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature M. A. Koehler(b) Address Brookfield, Mo17. (a) Burial (b) Date thereof 2/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Michael's18. (a) Signature of funeral director Shenton Rollins(b) Address Brookfield19. (a) 2-22-43 (b) W. H. Cameron  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn  
 (c) City or town Brookfield  
 (If outside city or town limits, write "RURAL") Rural, Brookfield  
 (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 2 day 18  
year 1943 hour 4:45 minute P M.21. I hereby certify that I attended the deceased from 2-17  
\_\_\_\_\_, 1943, to 2-18, 1943  
that I last saw him alive on 2-18, 1943  
and that death occurred on the date and hour stated above.Immediate cause of death acute Cardiac Dilatation 1 hr.Due to Perforated Duodenum 2 hrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations 1170

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 W. H. Cameron (M. D. or other) DrAddress Brookfield Mo Date signed 2-22-43

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

I X10311

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.

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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..... *L. W. Collins* .....

Licensed Embalmer No. *1144* .....

P. O. Address. *Brookfield Mass* .....

**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.**