

FILED MAR 20 1943  
Registration District No. **199**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**No. 1 Morningside Drive**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **59 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **No. 1 Morningside Drive**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **Mrs. Emma Koch**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Arthur G. W. Koch** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Dec. 12 1859**  
(Month) (Day) (Year)

8. AGE:	Years <b>83</b>	Months <b>2</b>	Days <b>29</b>	If less than one day hr. min.
---------	-----------------	-----------------	----------------	----------------------------------

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Benjamin F. French**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Cherrington**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. A. Young**

(b) Address **443 Green Way Terrace**

17. (a) **Burial** (b) Date thereof **3-13-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery  
Freeman Mortuary**

18. (a) Signature of funeral director **Kansas City, Mo.**  
(b) Address

19. (a) **3-12-43** (b) **W. M. Browe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11**  
year **1943** hour **2:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **1919** to **Mar. 11 1943**  
that I last saw her alive on **March 11 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis** **10 yrs**

Due to **Chronic nephritis with hypertension** **10 yrs**

Due to **131B**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **no**

(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

23. Signature **E. W. Glincher** (M. D. or other)

Address **900 Pratte Blvd. K.C. Mo.** Date signed **3-16-43**

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

MOTHER FATHER

48  
100  
5

**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 Clarence W. Chiles

Licensed Embalmer No. 2473

P. O. Address 76 E 7th St

**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.**