

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital #1 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 yrs, 5 mos, 10 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? OK (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JORDAN KohRS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or Race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 3 1872  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>8</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Kohrs

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

14. Maiden name Megretor Moeller

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

16. (a) Informant Records State Hosp #1

(b) Address Fulton, Mo

17. (a) Burial (b) Date thereof March 23-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Grounds

18. (a) Signature of funeral director L. J. Thomas

(b) Address 302 Market St Fulton Mo

19. (a) March 23-1943 (b) Lois Morawick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21  
year 1943 hour 5 minute 49 P.M.

21. I hereby certify that I attended the deceased from July 1, 1939, to Mar 21, 1943  
that I last saw him alive on Mar 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (primary) of gall bladder  
metastasis to liver; obstructive jaundice  
obliterative pericarditis  
cardiac dilatation

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

Duration

4 wks

7 mo

12 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John J. Blasko MD (M. D. or other)

Address Fulton, Mo Date signed 3/24/43

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

14  
1  
2

FILED APR 14 1943

X29-584

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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.**