

S. No. 2
11-10-39
5-17-39
1 X21

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11744

State File No. _____

Registration District No. 359

Primary Registration District No. 4528

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
Atchille
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community 17 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon ¹⁰⁸

(c) City or town Atchille Moundville
(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.? 0 years.

3. (a) PRINT FULL NAME Clara Cecelia Koster

(b) If veteran, name war

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1943 hour 5 minute A. M.

4. Sex Female 5. Color or race W.

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

6. (b) Name of husband or wife Fredrick Koster

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

7. Birth date of deceased May - 5 - 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1942 to Feb 27, 1943
that I last saw him alive on Feb 27, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 9 Days 25 If less than one day hr. _____ min.

Immediate cause of death Myocarditis with decompensation Duration _____

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

Due to

Due to

Other conditions Advanced age
(Include pregnancy within 3 months of death)

10. Usual occupation Home keeper

Major findings:
Of operations

Of autopsy

PHYSICIAN 93d
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name John Bruce Mc Coy

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

14. Maiden name Eugene Anderson

15. Birthplace Unknown, Delaware
(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? _____

16. (a) Informant Mrs. Clara M. Bailey

(b) Address Moundville Mo.

17. (a) Burial (b) Date thereof Mar 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Home

While at work? W. H. Love (Specify type of place) (a) Means of injury _____

23. Signature W. H. Love (M. D. or D. O.)
Address Nevada, Mo. Date signed 3/3/43

18. (a) Signature of funeral director Alvin V. Barge

(b) Address Nevada, Missouri

19. (a) 3-3-43 (b) Eleanor Ludwig
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-43-90

Date Filed 4-10-43

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 Allen V. Hayes

Licensed Embalmer No. 11968

P. O. Address Nevada 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, above space should be left blank.