

FILED MAY 5 1943

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
3736 Woodland 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 4 weeks years, months or days)

3. (a) PRINT FULL NAME Rosamunde Karoline Koehler

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife Willmar Koehler

6. (c) Age of husband or wife if alive, years 31

7. Birth date of deceased: Jan 31 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 2 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

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

MOTHER FATHER

12. Name Henry Fritz

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

14. Maiden name No record

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

16. (a) Informant Willmar Koehler

(b) Address Meriman Kansas

17. (a) Removal (b) Date thereof Apr 6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiawatha, Mo.

18. (a) Signature of funeral director Mrs L.R. Foster

(b) Address 918 Broadway

19. (a) 4-6-43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 14

(c) City or town Hiawatha, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Hiawatha  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4  
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 20, 1943, to April 3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration \_\_\_\_\_

Due to \_\_\_\_\_ 940

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

Other conditions Arterio-sclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 J.P. [unclear] (M. D. or other) \_\_\_\_\_  
Address [unclear] Date dictated April 5 1943

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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.**