

FILED MAY 11 1943

77

3016

93

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 Jackson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 84 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 315 Jackson Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adam E. Koacher

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-16-103

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Koacher 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased January 21 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 3 11 _____ hr. _____ min.

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

10. Usual occupation Pressman

11. Industry or business
MOTHER FATHER { 12. Name John Koacher
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Julia (Not Known)
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Koacher
(b) Address Jefferson City, Missouri
17. (a) Burial (b) Date thereof May 5 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John Gordon
(b) Address Jefferson City, Missouri
19. (a) 5-3-43 (b) Chas. H. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1943 hour 10 minute A.M.
21. I hereby certify that I attended the deceased from Apr 28, 1943, to May 1, 1943
that I last saw him alive on May 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to Senility 1 yr
Due to Artery Obstruction 12 wh
Prostate

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
137a

Duration
1 mo
1 yr
12 wh
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 James A. Hill M. D. or other _____
Address Jefferson City, Mo Date signed 5-3-43

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

26
5
4

898

NOV 16 1958

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.....

Louis Lucet

Licensed Embalmer No.....

4094

P. O. Address.....

Jefferson City

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.