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

21067

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 111

1. PLACE OF DEATH:

(a) County Cass

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 19

(a) State Missouri (b) County Cass 2/0

(c) City or town Pleasant Hill
(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 William George Kosky

3. (b) If veteran, name war / 3. (c) Social Security No. —

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Alpha Kosky 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March (Month) 16 (Day) 1862 (Year)

8. AGE: Years 81 Months 1 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

FATHER
12. Name Louis G. Kosky
13. Birthplace — (City, town, or county) Prussia (State or foreign country)

MOTHER
14. Maiden name Anna Wasserman
15. Birthplace — (City, town, or county) Bavaria (State or foreign country)

16. (a) Informant William W. Kosky
(b) Address Pleasant Hill, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director D. J. Nofsinger
(b) Address Pleasant Hill

19. (a) June 10/43 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

1041

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from May 1, 1943, to May 9, 1943, that I last saw him alive on May 9, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Noted Regurgitation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 b	
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:
(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 J. V. Murray (M. D. or other)
Address Pleasant Hill, Mo Date signed 5/10/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1945

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 D. J. Nofsinger

Licensed Embalmer No. 3998

P. O. Address Pleasantville

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.