

S. No. 2  
M-542  
v. 7-39  
p. 1 X327

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24675  
Registrar's No. 98

FILED AUG 7 1943  
Registration District No. 62

Primary Registration District No. 5238

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

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Rural-Jefferson Twsp.  
(c) Name of hospital or institution:  
XXXXXXXXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXXX  
In this community XXX  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cedar  
(c) City or town Rural-Jefferson Twsp.  
(If outside city or town limits, write "RURAL.")  
(d) Street No. XXX  
(If rural, give location)  
(e) Citizen of foreign country? XXNO (Yes or No)  
If yes, name country XXXXX

3. (a) PRINT FULL NAME Sarah Koehler  
(b) If veteran, name war XXXXX  
(c) Social Security No. XXXX

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 22  
year 1943 hour 6 minute AM  
21. I hereby certify that I attended the deceased from July 10,  
1943 to July 22, 1943  
that I last saw her alive on July 21, 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Gustave Koehler  
6. (c) Age of husband or wife if alive XXX years  
7. Birth date of deceased Dec. 23, 1859  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
83 6 29 XXXXXXX min.

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

MOTHER FATHER  
11. Industry or business XXX  
12. Name Juvennie Popplewell  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Wealtha Arnold  
15. Birthplace OHIO  
(City, town, or county) (State or foreign country)

16. (a) Informant Felix W. Koehler  
(b) Address Stockton, Missouri  
17. (a) Burial (b) Date thereof 7-23-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brush Creek  
18. (a) Signature of funeral director Church and Neale  
(b) Address Stockton, Missouri  
19. (a) 8-2-43 (b) Mrs. Ethel Church  
(Date received local registrar) (Registrar's signature)

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 Dr. E. D. Brown (M.D. or other) DO  
Address Callins Mo Date signed July 23 1943

RECEIVED

District Health Officer No. 7,

District File Number 7-43-780

Date Filed 8-6-43

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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 Melvin Church  
Licensed Embalmer No. 3272  
P. O. Address Steveston

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.