

32362

State File No. _____

Registrar's No. 187

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 6 1943 294
Registration District No. _____

Primary Registration District No. 3056

No. 2
-542
5-17-39

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly

(c) Name of hospital or institution: McCormick Hospital
(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:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 540 Barrow
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillie Koblitz

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th year 1943 hour 10 minute 45 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Herman Koblitz

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

7. Birth date of deceased April 10th 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug - 30 - 1943 to Sept - 7 - 1943 that I last saw him alive on Sept - 7 - 1943 and that death occurred on the date and hour stated above.

8. AGE:			If less than one day
Years	Months	Days	
<u>62</u>	<u>4</u>	<u>27</u>	hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 8 days

Due to arteriosclerosis, hypertension 9

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

10. Usual occupation At home

Other conditions none (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Unknown

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

14. Maiden name !!

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

16. (a) Informant Herman Koblitz

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 9-10th 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahraw and Son

(b) Address Moberly Mo

19. (a) 9-10-43 (b) Irma Love
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. Shrader (M. D. or other)

Address Moberly Mo. Date signed 9-9-43

RECEIVED

District Health Officer No. 10

District File Number 10-43-1596

Date Filed OCT 5 1943

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: Frank S. D. Will

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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.