

7. S. No. 2  
FORM 100  
U. S. G. P. 1940  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
NOV 15 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35480

State File No. \_\_\_\_\_  
Registrar's No. 308

Registration District No. 274 Primary Registration District No. 3052

80  
6  
4

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

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution 410 S Lafayette  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Minnie Koch

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred Koch 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 25 1898  
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name William Pehop  
13. Birthplace Canada  
14. Maiden name Lydia Foelker  
15. Birthplace Concordia Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant F.F. Koch  
(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof Sept. 28 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Concordia Mo.

18. (a) Signature of funeral director McLaughlin Bros.  
(b) Address Sedalia Mo.

19. (a) 9/27/43 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Pettis 090  
(c) City or town Sedalia 6  
(d) Street No. 410 S Lafayette 4  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25  
year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from 3-1 1943 to 9-25 1943  
that I last saw her alive on 9-25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Addison's Disease

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

Due to Chronic valvular heart disease  
Other conditions Chronic nephritis, Pyelitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 131R

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.M. Rodeman (M. D. or other) M.D.  
Address Sedalia, Mo Date signed 9-23-43

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-2-43

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.