

412700

S. No. 2
M-2-43
5-17-39
PI X32697

DEPARTMENT OF COMMERCE
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5138**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: 629 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 629 Benton Blvd
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Antonia Poul
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 3rd
year 1943 hour 7:45 minute pm M.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife Andrew Poul
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 1st 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from MOU 1943, to 12-3-1943
that I last saw him alive on 12-1-1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Arteriosclerosis Duration _____

8. AGE: Years 84 Months 11 Days 2
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace Austria (City, town, or county) (State or foreign country) 4

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation at home

Major findings: Heart Arterio Sclerosis
Of operations _____

11. Industry or business _____

MOTHER FATHER
12. Name Frank Kosko
13. Birthplace Austria (City, town, or county) (State or foreign country) 4
14. Maiden name unknown
15. Birthplace Austria (City, town, or county) (State or foreign country) 4

Of autopsy no
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Helen Strecker
(b) Address 5403 Charlotte - KC mo
17. (a) Removal (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Horton Kansas

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? _____

18. (a) Signature of funeral director Melodey McElroy
(b) Address 15 E. Com
19. (a) 12-6-43 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature H. A. Purpus (M. D. or other) MD
Address 1034 Beatto Blvd Date signed 12-5-43

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

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 Russell N. France

Licensed Embalmer No. 7255

P. O. Address K.A.M.D.

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.