

S. No. 2  
M-8-43  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6174  
980

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1602

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2828 Wenzel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2828 Wenzel  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

George M. Koehler

3. (b) If veteran, name war

No

3. (c) Social Security No.

486-07-6374

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased April 25, 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 2  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Baker

11. Industry or business Smith Bakery

MOTHER FATHER

12. Name George Koehler  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Koehler

(b) Address 2828 Wenzel

17. (a) Burial (b) Date thereof 3/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address Kansas City, Mo.

19. (a) 3-1-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27  
year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1940  
to 2/27/44  
that I last saw him alive on 2/26/44  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. Myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93d

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? \_\_\_\_\_ Means of injury 0

23. Signature T. E. Brown (M. D. or other) \_\_\_\_\_

Address 1401 S. W. Blvd Date signed 2/27/44

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

Dr Young W Blackman  
74.01

**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..... *A. D. Blackman* .....

Licensed Embalmer No. *3639* .....

P. O. Address..... *R. C. 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.**