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FILED FEB 23, 1944

State File No.

Registration District No.

Primary Registration District No. 5591

Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Hillsboro (Central)
(c) Name of hospital or institution: Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 78 years years, months or days

3. (a) PRINT FULL NAME JULIA DEAN KOERNER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HENRY KOERNER 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased FEB. 22 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN EVANS
13. Birthplace WALES
14. Maiden name KATHERINE MCCREERY
15. Birthplace (UNKNOWN)

16. (a) Informant Rose Englehart
(b) Address Hillsboro Mo.

17. (a) Burial (b) Date thereof Dec 31 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Rt #1

18. (a) Signature of funeral director Donald B. ...
(b) Address Dedits Mo.

19. (a) Jan 2 1944 (b) Wore Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Hillsboro Rural
(d) Street No. 4 mi N. of Hillsboro
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1943 hour 6 minute 00 p.m.

21. I hereby certify that I attended the deceased from Dec 28 1943 to Dec 28 1943
that I last saw her alive on Dec 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - lobar Duration 8 days

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 2

23. Signature J. P. ... (M. D. or other) PO
Address Dec 28 Mo Date signed 12-31-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Donnell B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address..... *Dietrich, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 159

Primary Registration District No. 5591

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Central Imp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME

Julia D. Koerner

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased: Feb 22 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 2 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Family Cemetery on Farm

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Ware Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day 23 Year 1943 hour _____ minute _____ M. 9

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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 _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

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

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