

FILED MAR 10 1944

Registration District No. _____

Primary Registration District No. 5918

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Salem
(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 _____
In this community 77-1-17
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Theodore Koenig

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex male 5. Color, or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 18 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Herman Koenig

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

14. Maiden name Marie Jacob

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

16. (a) Informant Reinhold Koenig

(b) Address Farrar MO.

17. (a) Burial (b) Date thereof 2-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar MO.

18. (a) Signature of funeral director Young & Sons

(b) Address Perry Co. MO.

19. (a) 2-8-44 (b) Young Elder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1944 hour 12 minute 2 M.

21. I hereby certify that I attended the deceased from Sept 12 1940 to February 5 1944
that I last saw him alive on February 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis

Due to General Atherosclerosis & Chronic Myocarditis

Due to _____

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

Major findings: None
Of operations _____

Of autopsy None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature Theodore Fischer (M. D. or other) MD
Address Atterbury MO Date signed 2-6-44

Duration

2 wks

4 yrs

4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Health Officer No. 4

File Number 344-356

Date filed 3-9-44

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 *Wallace Young*.....

Licensed Embalmer No. 4027

P. O. Address *Perryville, 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.