

FILED MAY 8 1944

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 47

1. PLACE OF DEATH:  
(a) County Berlington  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Chillicothe Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Berlington  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 603 Missouri Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John B Koehly  
3. (b) If veteran, name war -  
3. (c) Social Security No. -

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased: Feb- 7- 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 9  
If less than one day hr. - min.

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

10. Usual occupation Railroad Ret.

MOTHER FATHER }  
11. Industry or business  
12. Name Ignatz Koehly  
13. Birthplace France  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Marion  
15. Birthplace France  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Koehly  
(b) Address Chillicothe Mo  
17. (a) Burial (b) Date thereof 4-18-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem  
18. (a) Signature of funeral director James D Gordon  
(b) Address Chillicothe Mo  
19. (a) April 18 (b) L. O. Elha  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 16  
year 1944 hour Three minute 15.00 M.

21. I hereby certify that I attended the deceased from Dec 12 1943 to April 16 1944  
that I last saw him alive on April 16 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart decompensation  
Due to chronic myocarditis  
Hypertension  
Other conditions none  
(include pregnancy within 3 months of death)

Duration 3 weeks  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations X X X  
Of autopsy X X X

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (Specify) X X X  
(b) Date of occurrence X X X  
(c) Where did injury occur? X X X  
(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 P. J. Brennan (M. D. or R.N.)  
Address Chillicothe Mo Date signed 4/20/44

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

JUN 16 1944

MAY 26 1944

**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: *James D. Gordon*

Licensed Embalmer No. *1870*

P. O. Address. *Lehillicochet*

**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.**