

S. No. 2
M-8-13
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21961

State File No. _____
Registrar's No. 74

FILED JUL 10 1944

Registration District No. 107 Primary Registration District No. 3040

1. PLACE OF DEATH:
(a) County District
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
713 Elm St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 48 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County District
(c) City or town Chillicothe (If outside city or town limits, write "RURAL") 59
(d) Street No. 713 Elm (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna C Kohlman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 4th year 1944 hour 4 minute 45 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Jacob B Kohlman 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb-21-1875 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15, 1944 to June 4, 1944 that I last saw him alive on June 3, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 3 Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration 20 days
Due to _____

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

Due to _____

10. Usual occupation At Home

Other conditions (include pregnancy within 3 months of death) 94 d

11. Industry or business _____

Major findings: Of operations _____

12. Name James H Dyer

Of autopsy _____

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

14. Maiden name Mrs Dyer

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

16. (a) Informant Margaret Masler (b) Address Chillicothe Mo

17. (a) Burial (b) Date thereof June 5 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director Jarvis Dyer (b) Address Chillicothe Mo

19. (a) JUNE 7 (b) Lou Elha Curry (Date received local registrar) (Registrar's signature)

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? _____ (e) Means of injury _____

23. Signature A. Collier (M. D. or other)
Address Chillicothe Mo Date signed 6/14/44

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

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

29
1
2

418

(Licensed Embalmer's Statement on Reverse Side)

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.

1876

P. O. Address

Lehillicoah 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.