

FILED NOV 16 1944

Registration District No. 277

Primary Registration District No. 5840

13000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Van Buren Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community All his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Van Buren Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Joseph Koenig

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

20. DATE OF DEATH: Month Sept day 10
year 1944 hour 7 minute 20 P. M.

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

6. (b) Name of husband or wife Mary Koenig 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 1 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 10 1944 to Sept 10 1944
that I last saw him alive on Sept 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

8. AGE: Years Months Days If less than one day
64 1 9 hr. _____ min.

Due to chronic endocarditis

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farming

Other conditions 920
(Include pregnancy within 3 months of death)

11. Industry or business Farm

Major findings: _____

12. Name Victor Koenig

Of operations _____

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

Of autopsy _____

14. Maiden name Catherine Berghaus

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs John Koenig

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 9-16-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation St Ignace Conv. Newton Co.

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Callaways

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

(b) Address Manett Mo

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

19. (a) Sept 14/44 (b) Julie Howard
(Date received local registrar) (County)

23. Signature W. E. Kellham (M. D. or other) D.O.
Address Sacope Mo Date signed Sept 12-44

RECEIVED NOV 13 1944

District Health Officer No.
District File Number 1044-219
Date Filed NOV 13 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 J. R. Bushman

Licensed Embalmer No. 3149

P. O. Address Monett, 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.