

S. No. 2
4-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2434
Registrar's No. 346

Registration District No. 176

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium & Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether 0)
In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural Blue
(If outside city or town limits, write "RURAL")
(d) Street No. 1833 Vermont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME CHARLOTTE M. KOEHLER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles C. Koehler 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 15th, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 21 hr. _____ min.

9. Birthplace Coleman, Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alexander, McIntosh

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

14. Maiden name Catherine McCrae

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

16. (a) Informant Mr. Chas. C. Koehler

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 1/8/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland B. [Signature]

(b) Address Independence, Missouri

19. (a) 1-6-45 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th,
year 1945 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 6, 1945 to Jan 5, 1945
that I last saw her alive on Jan 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into the bladder Duration 5 to 6 mos

Due to Cancer of the bladder

Due to _____

Other conditions (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 1/8/45

(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) _____
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Independence, Mo Date signed 1-6-45

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

8
4
4

MOTHER FATHER

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

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 *Coland R Speaks*
Licensed Embalmer No. *3604*
P. O. Address *Indep.*

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.