

FILED FEB 13 1945

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether)

In this community 30 years
years, months or days

3. (a) PRINT FULL NAME John Koester

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed 2
6. (c) Age of husband or wife if alive - - years

(b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased November 29 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	2	0	hr. min.

9. Birthplace Brooklyn Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business None

MOTHER FATHER

12. Name Martin Koester IL

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

14. Maiden name Eliza Comstock

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

16. (a) Informant Mrs. Mary Clifton

(b) Address 122 Lyon, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan. 31, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Jan. 31 '45 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Water 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 29 day year 1945 hour 5:20 minute A M.

21. I hereby certify that I attended the deceased from Jan. 13 1945 to Jan 29 1945 that I last saw him alive on Jan 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to Atherosclerosis

Due to

Other conditions (Includes pregnancy within 3 months of death) 97

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

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

23. Signature P. H. Stretsted (M. D. or other) Jan 30, 1945
Address Carthage Mo Date signed

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

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 Emm R. Snell

Licensed Embalmer No. 391

P. O. Address Carefree

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.