

FILED III 12 1945
Registration District No. 12

Primary Registration District No. 3044

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (c) PRINT FULL NAME John Henry Koenig

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 17
year 1945 hour 4 minute 10 P. M.

4. Sex Male

5. Color or race White

6. (e) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida B. Koenig

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 23 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1943 to 6 Jan 17 1945
that I last saw h. alive on 6 Jan 17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 7 hrs

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>4</u>	<u>24</u>	hr. _____ min. _____

Due to Chronic Interstitial Nephritis

Due to _____

9. Birthplace Gasconade, Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Truck Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Henry Koenig

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

14. Maiden name Unknown

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

Major findings: ink

Of operations _____

Of autopsy _____

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

16. (a) Informant MRS. Ida Koenig

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 6-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon, Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 6-20-45 (b) W. Spearman
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature G. B. Shelton (M. D. or optician)

Address Eldon Mo Date signed 6-19-45

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

114

RECEIVED

Miller County Health Dep't.

County File Number 63-45

Date Filed 6-5-45

STATEMENT BY LICENSED EMBALMER

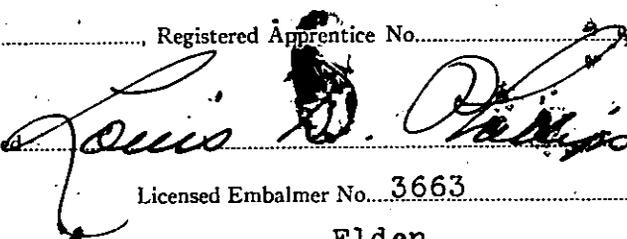
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3663

P.O. Address Eldon

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.