

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED NOV 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. **34280**

Registration District No. 2610 Primary Registration District No. 4393 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Westphalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 51 years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Gertrude Koester
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe Koester 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased February 21st, 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business _____
12. Name Steve Mertensmeyer
13. Birthplace Westphalia, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Beschien
15. Birthplace Loose Creek, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Koester
(b) Address Westphalia, Missouri
17. (a) Burial (b) Date thereof 10/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westphalia, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.
19. (a) Oct 20, 1945 (b) Mrs. H. H. Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 17th,
year 1945 hour 3 minute - P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hrs
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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) (e) Means of injury _____
23. Signature Clyde Morton (M.D. or other) _____
Address Linn, Mo. Date signed 10/19/20

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-5-45

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Leam

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.