

U.S. No. 2  
DOM-5-43  
REV. 5-17-39  
X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40161**  
Registrar's No. **5098**

**FILED DEC 28 1945**

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)  
 In this community 46 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2627 E. 11 St.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Lena Koch  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh.  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife John A. Koch  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased May 25 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace not known Illinois  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Michael Popp  
 { 13. Birthplace not known 9  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name not known  
 { 15. Birthplace " " not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Koch  
 (b) Address 2627 East 11th St.  
 17. (a) burial (b) Date thereof 12-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Rich Hill, Mo.

18. (a) Signature of funeral director Bentley Mortuary  
 (b) Address 5811 Troost  
 19. (a) 12-11-45 (b) Sheldone Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 9  
 year 1945 hour 2 minute 15 A. M.  
 21. I hereby certify that I attended the deceased from  
Dec. 1, 1945, to Dec. 9, 1945  
 that I last saw her alive on Dec. 9, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Epidermoid carcinoma of face,  
Squamous cell type-Broncho-  
plex pneumonia-Coronary arter-  
iosclerosis with myocardial  
 Due to fibrosis  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy See above

Duration \_\_\_\_\_  
 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) (a) Means of injury.  
 23. Signature Clark W. Seely (M. D. or other) \_\_\_\_\_  
 Address Med. Dir. Gen'l Hosp. Date signed 12-10-45

**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..... *Greg Buffington* .....  
Licensed Embalmer No..... *27576* .....  
P. O. Address..... *K. S. 7th* .....

**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.**