

FILED **MAJ 11 1946**
Registration District No. **177**

Primary Registration District No. **3016**

Registrar's No. **302**

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
711 West McCarty Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **26**

(c) City or town Jefferson City **5**
(If outside city or town limits, write "RURAL")

(d) Street No. 711 West McCarty Street **4**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME Cecelia Katherine Kolkmeier

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Fred Kolkmeier 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased October 1 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>27</u>	hr. _____ min.

9. Birthplace Jefferson City, Mo. **U**
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name George Ruck

13. Birthplace Not Known **9**
(City, town, or county) (State or foreign country)

14. Maiden name Lena **9**

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

16. (a) Informant Mrs Gena Hecht

(b) Address Jefferson City, Missouri

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

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Shop & Carson

(b) Address Jefferson City, Missouri

19. (a) 1-3-46 (b) R. P. Harris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1945 hour _____ minute 34 M.

21. I hereby certify that I attended the deceased from Dec 18 1944 to Dec 25 1945 that I last saw her alive on Dec 27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death meningitis
Cardiac Renal

Due to _____

Due to _____

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

Major findings: Of operations 1310

Of autopsy _____

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) ell O

(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 **0**

23. Signature Edw Mansur (M. D. or other)

Address Jefferson City, Mo Date signed 12-29-45

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

1431

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 1-10-46

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 Joseph J. Gordon
Licensed Embalmer No. 1786
P. O. Address Gilpin by Mo.

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.