

U.S. No. 2  
FORM-5-73  
Rev. 5-17-39  
I X36671

State File No. \_\_\_\_\_  
Registrar's No. 3

**FILED** JAN 11 1946

Registration District No. 10 Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:  
12 days Andrew Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 da  
(Specify whether \_\_\_\_\_)

In this community 5 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montg

(c) City or town Middletown  
(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: ALOIS KOSSINA

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 6 - 16 - 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 6 20

hr min.

9. Birthplace Columbia Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business same

12. Name Wencesl Kossina

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

14. Maiden name Victoria Broc

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

16. (a) Informant Leo C Vogelshel

(b) Address Middletown Mo

17. (a) Burial (b) Date thereof Jan 8 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Mo

18. Signature of funeral director Pretsch/Kubna

(b) Address Middletown Mo

19. (a) Jan 6 - 1946 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1946 hour 1 minute 40 P M.

21. I hereby certify that I attended the deceased from Dec 26 1945 to Jan 6 1946  
that I last saw him alive on Jan 5 P and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration \_\_\_\_\_

Due to arterio sclerosis

Due to senility

Other conditions 940  
(Include pregnancy within 3 months of death)

Major findings: operated under local anes  
Of operations 11 days previously for umbilical  
Of autopsy thrombulated hernia

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 Car

23. Signature R. S. Williams (M. D. or other) AM D  
Address Mexico Mo Date signed 1-17-46

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

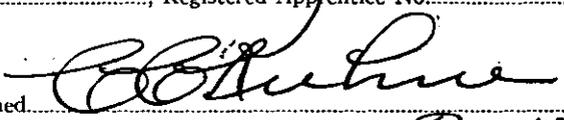
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JAN 29 1946

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..... 

Licensed Embalmer No. 3059

P. O. Address Willbuck 740

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.