

S. No. 2  
M-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20357**  
**2883**  
Registrar's No.

**FILED** JUL 10 1946  
Registration District No. **779**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City Mo**  
(c) Name of hospital or institution:  
**6825 Bales /**  
(d) Length of stay: In hospital or institution  
In this community **# 50 Years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **6825 Bales**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Theodor E. Kohrs**  
(b) If veteran, name war **No**  
(c) Social Security No. **487-01-6714**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **27**  
year **1946** hour **One** minute **45 P.M.**

4. Sex **Male** 5. Color or race **Wh.**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Myrtle**  
6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **July 17 1880**

21. I hereby certify that I attended the deceased from **June 26/46**  
19 **June 27** 19 **46**  
that I last saw him alive on **June 26**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary Thrombosis**  
Duration **1 day**

8. AGE: Years **65** Months **10** Days **10**  
If less than one day hr. min.

Due to **Arterio-sclerosis**  
Due to

9. Birthplace **Germany**  
10. Usual occupation **Clerk**

Other conditions (Include pregnancy within 3 months of death) **94a**

11. Industry or business  
12. Name **Peter Kohrs**  
13. Birthplace **Germany**  
14. Maiden name **Mary Daum**  
15. Birthplace **Germany**

Major findings: Of operations **none**  
Of autopsy **none**  
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Myrtle Kohrs**  
(b) Address **6825 Bales**  
17. (a) **Burial** (b) Date thereof **June 29th.**  
(c) Place: burial or cremation **Forest Hill**  
18. (a) Signature of funeral director **Wornall Funeral Home**  
(b) Address **7406 Wornall**  
19. (a) **6-29-46** (b) **Sheraldine Holmes**

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? **46**  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) (c) Means of injury  
23. Signature **M.D. Williams M.D.** (M. D. or other)  
Address **1503 Ewaldheim Bldg.** Date signed **6/28/46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....  
*Howard J. Rye*

Licensed Embalmer No. *2748*

P. O. Address *5109 Agnes*

**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.**