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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

887

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

Registration District No. 134 Primary Registration District No. 5494

1. PLACE OF DEATH:  
(a) County Harrison  
(b) City or town Rural - Madison, Ind.  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 52 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Harrison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 1/2 miles South of Cassville  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charley Kokesh  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 6th year 1947 hour 1 minute 5 P.M.  
21. I hereby certify that I attended the deceased from September 16, 1946 to January 6, 1947.  
that I last saw him alive on January 4, 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Anna Kokesh  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased August 20 1877  
(Month) (Day) (Year)

Immediate cause of death Lymphatic Leukemia Duration 2 years  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
69 4 16 hr. \_\_\_\_\_ min.

Other conditions Chronic myocarditis  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 93D  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Tama County Iowa  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Frank Kokesh  
13. Birthplace Bohemia  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Pollichok  
15. Birthplace Bohemia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Anna Kokesh  
(b) Address Cassville, Mo.  
17. (a) Burial (b) Date thereof Jan. 9 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bohemian Cemetery

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 Walter Lambert (M. D. or other) \_\_\_\_\_  
Address Princeton, Missouri Date signed 1/8/47

18. (a) Signature of funeral director [Signature]  
(b) Address Cassville, Mo.  
19. (a) Jan. 27-1947 S. Pha Shaw  
(Date received local registrar) (Registrar's signature)

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

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DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

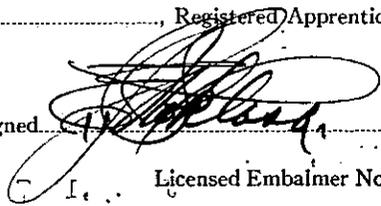
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of

Eddie J. Stokloss

Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. .... 3502

P. O. Address. Coinsville, 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.**

7. 10/12