S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1532

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns O. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community 63 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton 73
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 9 miles east of Durand (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Bernard Koenig
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Celia E. Koenig
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan (Month) 21 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
63	11	22	hr. min.

9. Birthplace Newton County Mo (City, town, or county) (State or foreign country)
10. Usual occupation School teacher
11. Industry or business
FATHER 12. Name Victor Koenig
13. Birthplace Alton Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Cathey Berghaus
15. Birthplace Not known (City, town, or county) (State or foreign country)
16. (a) Informant Arlene C. Gorman
(b) Address Route 4 Joplin Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Agnes Cemetery
18. (a) Signature of funeral director Willis Bros
(b) Address Pierce City Mo
19. (a) 1-20-47 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th year 1947 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 2 1946 to Jan 13 1947 that I last saw him alive on Jan 13 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Chronic Valvular heart with decompensation	
Due to Secondary Anemia	6 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 930	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 708 Frisco Bldg Joplin Mo Date signed Jan 13 1947

13"

(Licensed Embalmer's Statement on Reverse Side)

47-1-57

MAR 4 1955

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~~ Edwin P. Wilks, Registered Apprentice No. ....., working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. 413

P. O. Address Pierce City 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.