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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14284

Registration District No. 225 — Primary Registration District No. 4335 — Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: Tipton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (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) In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: Tipton (If outside city or town limits, write "RURAL")
(d) Street No.: No numbers (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Native

3. (a) PRINT FULL NAME: ELLA C. KOECHNER
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: November, 29th, 1876 (Month) (Day) (Year)
8. AGE: Years 70 | Months 4 | Days 8 | If less than one day ... hr. ... min.
9. Birthplace: Moniteau County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: John Henry Becker
13. Birthplace: -- (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Margaret Kuttenkuller
15. Birthplace: -- (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. L.G. Imhoff (Sister)
(b) Address: Tipton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cem. Tipton, Mo.
18. (a) Signature of funeral director: Jennie E. Richards
(b) Address: Tipton, Mo.
19. (a) Apr. 7, 1947 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1947 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from 3/10, 1947 to 4/2, 1947; that I last saw her alive on 4/2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic regurgita.	
Due to: Hypertension	
Due to: Pagets disease	14yr.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: No
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0
23. Signature: J. F. Potts (M. D. or other)
Address: Tipton, Mo. Date signed: 4/7/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

203

District Health Officer No. 9,

District File Number

Date Filed 4-18-47

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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.