

FILED JUL 17 1947

State File No. _____

Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 42

1. PLACE OF DEATH:

(a) County La Fayette

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

(c) Name of hospital or institution: Dover Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County La Fayette

(c) City or town Corder Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN H KOLSTER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 28
year 1947 hour 2 minute 6 M.

21. I hereby certify that I attended the deceased from June 17
1947 to June 28, 1947
that I last saw him alive on June 27, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Wht

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased 9 15 1859
(Month) (Day) (Year)

Immediate cause of death Senility

8. AGE: Years 87 Months 8 Days 13 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace CONCORDIA MO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name HENRY KOLSTER

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

14. Maiden name ROSE WIRTHMANN

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

16. (a) Informant Adolph Kolster

(b) Address Waverly, Mo

17. (a) Burial (b) Date thereof 6-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Mo Lutheran Cem

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) (c) Means of injury 2

18. (a) Signature of funeral director Frederick J. Long

(b) Address Concordia Mo

19. (a) 6-28-1947 (b) Clayton H. Landman
(Date received local registrar) (Registrar's signature)

23. Signature Geo J. Janssen (In. D. or other) _____

Address Waverly Date signed 6/28/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number _____

Date Filed 7-16-47

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 E. S. Freckling J. C. Knight
29591 1511
Licensed Embalmer No. _____
P. O. Address Concordia 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.