

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31055

State File No.

Registration District No. 744

Primary Registration District No. 4234

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: 1
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Pilot Knob 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Homer George Koehler

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 486-183862

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Charlotte Koehler 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb 11 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>6</u>	<u>25</u>	hr. _____ min. <u>0</u>

9. Birthplace Pilot Knob, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

12. Name Mr. Geo. Koehler

13. Birthplace Pilot Knob, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Miss Helen Schaffer

15. Birthplace Iron Mountain, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charlotte Koehler (Wife)
(b) Address Pilot Knob, Mo.

17. (a) Burial (b) Date thereof Sept 7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission - Ironton, Mo.

18. (a) Signature of funeral director Alvin W. Bond

(b) Address 303 Crane St. Pilot Knob, Mo.

19. (a) 10-6-47 (b) Alvin W. Bond
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4
year 1947 hour 11 minute 00 p.m.

21. I hereby certify that I attended the deceased from: I did Not see him alive. 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Suicide
(overdose of Phena-Barbital)
Taken by own hand

Due to _____

Due to Coroner Jury Verdict
9/5/47

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

Major findings:
Of operations _____
Of autopsy _____

10 3 P

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ben P. Luchel (M.D. or other) _____
Address Ironton, Mo. Date signed 9/5/47

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

de m...
Koehler

RECEIVED

District Health Officer No. 4
District File Number 1047-129
Date Filed 10-10-47

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Chestnut St. Piquette, Mich

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.