No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34087

FILED NOV 10 1947

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 112

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(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
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0----- 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Peter Cohrs
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Louisa Cohrs
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased July (Month) 16 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	2	20	hr. min.

9. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Farmer
11. Industry or business Retired
FATHER
12. Name Claus Cohrs 4
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 1
MOTHER
14. Maiden name Louise Gerkin 1
15. Birthplace Hanover (City, town, or county) Germany (State or foreign country) 1
16. (a) Informant Miss Freda Cohrs
(b) Address Gallatin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Creekmore Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) 10-23-47 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature) 81

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1947 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from 29 Sept 1947 to 6 oct 1947
that I last saw him alive on 6 oct 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death hypostatic Pneumonia	24 hr
Due to myocarditis acute	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? Means of injury 0
23. Signature [signature] (M. D. or other)
Address Gallatin Mo Date signed 14 Oct 47

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

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, or by.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed L. O. Rickerson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.