No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37640

Registration District No. 110

Primary Registration District No. 5-425

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: His Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. 7 Miles So. of New Haven, Mo
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Frederick Kohlbusch

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 3rd (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	1	..... hr. ..... min.

9. Birthplace Berger, Missouri. RFD (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John Kohlsuchm
13. Birthplace Senate Grove (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Mary Stoeppelmann
15. Birthplace Senate Grove (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Otto Kohlbusch

(b) Address New Haven, Mo. R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/1947 (Month) (Day) (Year)

(c) Place: burial or cremation New Haven, Mo. R.F.D

18. (a) Signature of funeral director Paul H Blumer

(b) Address Bright Mo

19. (a) Dec 4-1947 (Date received local registrar) (b) Jeffie Grammemann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th year 1947 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1947, to Dec. 4, 1947; that I last saw him alive on Dec. 3, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Broncho-pneumonia	1 wk.
Due to	
Due to	
Other conditions Mitral stenosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

92B

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

23. Signature G W Hold (M. D. or other) D.D.

Address New Haven, Mo. Date signed 12/4/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-12-47

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 Herman Blanner

Licensed Embalmer No. 528

P. O. Address Bergen 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.