

FILED JAN 14 1948

Registration District No. **363**

Primary Registration District No. **6936**

Registrar's No. **18**

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

1. PLACE OF DEATH:

(a) County **Warren**
 (b) City or town **Rural (Charrette twmsp)**
 (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 **life** (Specify whether
 In this community **life**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Warren** **109**
 (c) City or town **Rural** **3**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Frieda Katherine Koelling**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **William Koelling** 6. (c) Age of husband or wife if alive **77** years
 7. Birth date of deceased **Sept. 29, 1893**
 (Month) (Day) (Year)

8. AGE: Years **54** Months **3** Days **0** If less than one day hr. _____ min. _____

9. Birthplace **Crofton Nebraska**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Zoller** **4**
 13. Birthplace **Germany** **1**
 (City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **unknown** **9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Wm. Koelling**

(b) Address **R.F.D. Warrenton, Mo.**

17. (a) **Burial** (b) Date thereof **1-1-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lippstadt, Warren Co.**

18. (a) Signature of funeral director **E.W. Nieburg & Co. Mo.**

(b) Address **Warrenton, Mo.**

19. (a) **12/31/47** (b) **R. Johnson** (Registrar's signature) **334**
 (Date received local registrar) (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **29**
 year **1947** hour **10:20** minute **A. M.**

21. I hereby certify that I attended the deceased from **June 28**
 19 **43** to **Dec 29** 19 **47**
 that I last saw **her** alive on **Dec 29** 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral**
(Cerebral apoplexy) **18** hours
 Due to _____
 Due to _____

Other conditions **Hypertension** **59/15**
 (Include pregnancy within 6 months of death)

Major findings:
 Of operations _____
 Of autopsy **1** **53A**

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 **John H. Dyer** (M. D. or other) **MD**
 Address **Warrenton Mo** Date signed **12/30/47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/13/48

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 John Lieburg
Licensed Embalmer No. 3897
P. O. Address Wauerton, 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.