

S. No. 2
OM-5-43
5-17-39
I X36671

FILED MAR 6 1948

Registration District No. **1848**

Primary Registration District No. **5673**

Registrar's No. **86**

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

1. PLACE OF DEATH

(a) County Lincoln

(b) City or town Rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town 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 HENRY LEWIS KOSTER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>MARRIED</u>
6. (b) Name of husband or wife _____	6. (c) Age of husband or wife if alive _____ years	
7. Birth date of deceased <u>AUG 6-1869</u> (Month) (Day) (Year)		

8. AGE:	Years <u>83</u>	Months <u>6</u>	Days <u>17</u>	If less than one day hr. _____ min. <u>0</u>
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Retired Farmer

12. Name Joseph Koster

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

14. Maiden name unknown

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

16. (a) Informant Elmer Koster

(b) Address Saly Mrs

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation Millwood Cem.

18. (a) Signature of funeral director Clifton Miller

(b) Address Elberly Mrs

19. (a) 2-25-48 (b) J. S. Muralid
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1948 hour 2 minute 9. M.

21. I hereby certify that I attended the deceased from 2-17 to 2-23 1948
that I last saw him alive on 2-22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Neurone Libar
Paralysis
Arterial Sclerosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy 108

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 J. E. Keenly (M. D. or other) _____
Address Redwood Mo Date signed 2/25/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/5/18

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 2-2348

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clifton Miller
Licensed Embalmer No. 3364
P. O. Address Elkview, md

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.