

FILED MAR 24 1948
 Registration District No. **77**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Hutton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12d
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: BERTHA KOCHER

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

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced 80

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

7. Birth date of deceased Dec 17 1897
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Werk

11. Industry or business None

12. Name Fred Kocher

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

14. Maiden name Emma Aschelman

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

16. (a) Informant Hospital Record

(b) Address Hutton Mo

17. (a) Removal (b) Date thereof 3/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

18. (a) Signature of funeral director Hugh E. Williams

(b) Address California Mo

19. (a) 3-8-1948 (b) Jesse M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Moniteau
 (c) City or town Russellville Mo
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8
 year 1948 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from 2/25-48, 19____, to 3/8/48, 19____;
 that I last saw her alive on 3/8/48, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic nephritis, hypertension

Due to _____

Due to Sen arteriosclerosis

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

Major findings: Of operations _____
 Of autopsy 191B

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. Caldwell (M. D. or other) Mo
 Address Hutton Mo Date signed 3/8/48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 23 1948

MAR 16 1956

MAR 30 1948

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 *Hugh E. Williams*
Licensed Embalmer No. *3537*
P. O. Address *California 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.