S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16716
State File No.

FILED JUN 12 1948
Registration District No. 86

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 32 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Joplin (R.R. 2)
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Aloysius Alfonsius Koikmeyer
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. A.A. Koikmeyer
6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: June 29, 1884 (Month) (Day) (Year)

8. AGE: Years 63 | Months 10 | Days 29 | If less than one day hr. min.
9. Birthplace: Jefferson City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Stockman
11. Industry or business:
FATHER 12. Name: Henry W. Koikmeyer
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Cornelia London
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. A.A. Koikmeyer
(b) Address: R.R. 2, Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Hope Cem
18. (a) Signature of funeral director: Hurlbut-Glover
(b) Address: Joplin, Mo
19. (a) 6-29-48 (Date received local registrar) (b) Oliver Lampkin (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: April day: 27
year: 1948 hour: 11:15 minute: P.M.
21. I hereby certify that I attended the deceased from Apr. 1, 1948, to Apr. 27, 1948
that I last saw him alive on April 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancerous of Liver — Duration
Due to:
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? (e) Means of injury:
23. Signature: W.O. Coons (M. D. or other)
Address: Joplin, Mo Date signed: 6-29-48

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

48-5-432

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 Dale Glover, Registered Apprentice No. 87, working under my personal supervision.

Signed Perry K. Hurlbut

Licensed Embalmer No. 989

P. O. Address Joplin 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.