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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18687

Registration District No. 38 | Primary Registration District No. 3006 | Registrar's No. 160

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 102 Anderson Ave. /
(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: 14 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 102 Anderson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: HENRY GUS KOHLBUSH
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ida Koch Kohlbush
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 8 - 26 - 1865 (Month) (Day) (Year)
8. AGE: Years 82 | Months 9 | Days 14 | If less than one day ____ hr. ____ min.
9. Birthplace: Franklin County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business: Retired Gen. Merchant.
MOTHER FATHER
12. Name: (uknown) Kohlbush
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Minnie Pehle
15. Birthplace: Franklin County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Miss Ollie Kohlbush
(b) Address: Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery Kansas City, Mo.
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 6-11-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1948 hour 10 minute 55 A.M.
21. I hereby certify that I attended the deceased from June 8, 1948, to June 10, 1948, that I last saw he alive on June 10, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis	3 mos.
Due to: Hypertrophied prostate	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: No op.	
Of autopsy: No autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: A.W. Kampschmidt (M. D. or other)
Address: Columbia, Mo. Date signed: 6-11-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 17 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 Chas L Waring

Licensed Embalmer No. 4132

P. O. Address Columbia 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.