FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 11 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23632
Primary Registration District No. 3046
Registrar's No. 37

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr 50 min (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton
(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 Phillip Joseph Koerkenmeier
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 30 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 50 min.

9. Birthplace California (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Elmer Gerhart Koerkenmeier
13. Birthplace Tipton (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Marian Helen Dueber
15. Birthplace Tipton (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Elmer Koerkenmeier
(b) Address Tipton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Tipton, Mo.
18. (a) Signature of funeral director Jessie E. Richards
(b) Address Tipton Mo.
19. (a) 8-3-48 (Date received local registrar) (b) H.R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 5 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 30, 1948 to July 30, 1948; that I last saw him alive on 4:45 p.m. July 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death heart failure due to premature birth	
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 L. L. Latham (M. D. ~~or other~~)
Address California, Mo. Date signed 7-31-48

WRITE PLAINLY—USING UNFADING BLACK INK

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 10 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 Jennell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton 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.