S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29396

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 117

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Gray Summit
(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 John Henry Koch
3. (b) If veteran, name war no
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 —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased October, 30, 1865 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	8	11	hr. min.

9. Birthplace Manchester Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Blacksmith
11. Industry or business Own Shop.
FATHER
12. Name John Koch
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Sturm
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Otto Stricker
(b) Address Labadie, Mo.
17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Gray Summit Mo. Brusch Creek Cem.
18. (a) Signature of funeral director Jno. L. Thiebes
(b) Address Pacific Mo.
19. (a) 9-13-48 (Date received local registrar) (b) [signature] (Registrar's signature) 99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11 year 1948 hour 8 minute 50 P M.
21. I hereby certify that I attended the deceased from Sept 3 48, 19, to Sept 11, 1948, that I last saw him alive on 11 of Sept, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation - pulmonary edema
Due to Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 93 l

Duration

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 [signature] (M. D. or other)
Address Washington Mo Date signed 9/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed SEP 23 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 Jno. L. Theles

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.