o.300	FIED DEC 19 1949	THE DIVISION OF HE			41736			
0.48	LINER DEC TO 1949	STANDARD CERTIF	0	State File No	1100			
100	BIRTH NO	REG. DIST. NO. 20 7	PRIMARY REG. DIST. NO 1					
464	1, PLACE OF DEATH a. COUNTY	•	a. STATE //	(Where decessed lived, If in	admission).			
3	b. CITY (If outside corporate limits/write	RURAL and give c. LENGTH OF	c. CITY (If outside sorporate its	mits,/write RURAL and give town	Parion, 1			
60	TOWN Hannibal	township) STAY (in this place)	TOWN Hann	-/ /	3			
RECORD	I HUSPITALUR / / / / /	r institution, give street address or location)	d. STREET (If re	ral, give location)	<u> </u>			
EC	3. NAME OF a. (First)	b. (Middle)	.c. (Last)	/71 67 S/.	0			
	(Type or Print)		Koch	4. DATE (Month) OF DEATH OC	(Day) (Year) 5 /9//9			
E	5. SEX / 16. COLOR OF RAC		8. DATE OF BIRTH	9. AGE (In years IF those last birthday) Months	I TEAR IF UNDER N HES.			
Z Z	Malc (1) While	Widowed 2	June 2, 1861	88	Days Hours Min.			
PERMANENT	10a. USUAL OCCUPATION (Give kind of word domaining man of working life over if retire	d) DUSTRY	11. BIRTHPLACE (State or foreign	n eountry)	12. CITIZEN OF WHAT COUNTRY?			
□ □	130. FATHER'S NAME	1 136. MOTHER'S MAIDEN	1/1880 V TI	NAME, OF HUSBAND OR WIF				
◀	Clemen Koci	h Gertrue	e l	E/len	_			
AK	15. WAS DECEASED EVER IN U.S. ARME (Yes, no. or unknown) (If yes, give war or day		17. INFORMANT'S SIG	SNATURE OR NAME	ADDRESS			
V	N/6	MEDICAL O	CERTIFICATION	01 Thurn St. H	INTERVAL BETWEEN			
INK-	1 10, 0.1002 0, 0.2111							
- '	ANTECEDENT)						
ACK	*This does not mean the mode of dring, such as heart failure, asthenia, rise to the above cause (a) stating							
BL	as heart failure, asthenia, the underlying of	couse sum.	• •	•				
ğ	tion which caused death. II. OTHER SIGI	DUE TO (c) NIFICANT CONDITIONS			-			
UNFADING	Conditions cont related to the di	militer		1332X				
VEA	19a. DATE OF OPERA- 19b. MAJOR FI	INDINGS OF OPERATION	į.		20. AUTOPSY?			
TO.		Last Discounting	lar come constant	100	YES NO			
SING	21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, streat, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNS	HIP) (COUNTY)	(STATE)			
usi	21d. TIME (Month) (Day) (Year)	(Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCCUP	17				
	OF INJURY	m. WHILE AT NOT WHILE WORK AT WORK			<u>.</u>			
PLAINLY	22. I hereby certify that I attended the deceased from Des. 5, 1949, to Dre. 5, 1949, that I last saw the deceased							
LAI	alive on Dec. 5, 1949, and that death occurred at 12:15 pm., from the causes and on the date stated above. 23s. SIGNATURE (Degree or other) 23b. ADDRESS 23c. DATE SIGNED							
	(1/3/3	lene ()	LOU ADDRESS	what he	212.6.49			
WRITE	248. BURIAL CREMA- 246. DATE	24c. NAME OF CEMETER	Y OR CREMATORY . 240. LO	CATION (City; town, or cour	ity) (State)			
W	Buria 12/7	49 81. 1/9	rys Ita		Missouri			
	DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE SYNTHE	5. FINERAL DIRECTOR'S	SI GHATURE	DRESS // Ma			
¥.	LINTY NIVILI	(Licensed Embelmer's S	detendent on Reverse Side)	The Ky year	7 1/2			

DEU +5 1349 RECEIVED HEALTH DEPT. MARIC DATE FILED DEC 15 1949

STATEMENT	BY	LICENSED	EMBALMER

I hereby certify that the body whose name is recorded on the rev	erse side of this cer	rtificate was emb	almed by me, or	Ъу
***************************************	<u></u>	Student Embals	er 80	·
working under my personal supervision.	W1. 0	DAK	'	(0

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

Licensed Embalmer No. 724

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.

Student Embalmer