

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16825**  
**2013**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city Mo</u>  |  |
| c. LENGTH OF STAY (in this place) <u>50yrs</u>                                      |  | d. STREET ADDRESS (If rural, give location) <u>6125 Montgall</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6125 Montgall Home</u>                   |  |   |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Christian H.</u> b. (Middle) <u>Kohler</u> c. (Last) _____ |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>May 1 1950</u> |  |  |
|--|--|--|---|--|--|

|                    |                               |   |                                       |   |   |  |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 31 1867</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|--|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lawyer</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>Conrad Kohler</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Emery</u> | 14. NAME OF HUSBAND OR WIFE <u>Jessie Kohler</u> |
|---|---|--|

|   |  |  |                              |
|---|--|--|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Jeanne M. Kohler</u> | ADDRESS <u>6125 Montgall</u> |
|---|--|--|------------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>42-01</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusions</u>   |  |  |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arterio sclerosis</u><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>History Heart Trouble</u>  |   |  |  |

|                              |  |   |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>Post Refused</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|---|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|---|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|                                     |                         |                                       |                                |
|-------------------------------------|-------------------------|---------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>Hugh H. Owens</u> | (Degree or title) _____ | 23b. ADDRESS <u>1034 Peabody Bldg</u> | 23c. DATE SIGNED <u>5-2-50</u> |
|-------------------------------------|-------------------------|---------------------------------------|--------------------------------|

|   |                               |  |   |
|---|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 3rd 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> |
|---|-------------------------------|--|---|

|  |   |  |                                    |
|--|---|--|------------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-2-50</u> | REGISTRAR'S SIGNATURE <u>S. S. Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilks Funeral Home</u> | ADDRESS <u>2315 Linwood K.C.MO</u> |
|--|---|--|------------------------------------|

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

**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 \_\_\_\_\_  
..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed Chas E Wilks.....

Licensed Embalmer No. 2644.....

P. O. Address Houssas City 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.