

FILED JAN 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. **2161**

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

BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **584** Registrar's No. **3**

1. PLACE OF DEATH
 a. COUNTY **Newton**
 b. CITY (If outside corporate limits, write RURAL and give township) **Rural Danburm**
 c. LENGTH OF STAY in this place (township) **72yr**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Charles S. W. Wentworth, Inc**

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
 a. STATE **MO**
 b. COUNTY **Newton**
 c. CITY (If outside corporate limits, write RURAL and give township) **Rural Dan Burm** 0730
 d. STREET ADDRESS (If rural, give location) **Charles S. W. Wentworth, Inc**

3. NAME OF DECEASED
 a. (First) **JULIA** b. (Middle) **ADELINE** c. (Last) **KOENIG**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **1-12-54**
5. SEX **F** **6. COLOR OR RACE** **W.**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married**
8. DATE OF BIRTH **MO 26-1881**
9. AGE (In years last birthday) **72** IF UNDER 1 YEAR Months **1** Days **17** IF UNDER 6 HRS. Hours **0** Mins. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housekeeper**
10b. KIND OF BUSINESS OR INDUSTRY **Own home**
11. BIRTHPLACE (State or foreign country) **Newton Co.**
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **JOSEPH KOENIG** **13b. MOTHER'S MAIDEN NAME** **Mary Lambert** **14. NAME OF HUSBAND OR WIFE** **never married**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **none**
16. SOCIAL SECURITY NO. _____ **17. INFORMANT'S SIGNATURE AND ADDRESS** **Henry Young Wentworth, MO**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **uterine hemorrhage**
 ANTECEDENT CAUSES DUE TO (b) **Drapery**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **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) (Minute) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **1.12.1954**, to **Jan 12. 1954**, that I last saw the deceased alive on **1.11.1954**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. Rasmus M.D.** **23b. ADDRESS** **Dranby MO** **23c. DATE SIGNED** **1.15.54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **1-14-54** **24c. NAME OF CEMETERY OR CREMATORY** **St Agnes** **24d. LOCATION** (City, town, or county) (State) **Newton Co. MO**

DATE REC'D BY LOCAL REG. **JAN 16, 1954** **REGISTRAR'S SIGNATURE** **M. L. Young** **25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS** **Wilbur Brass Pines City, MO**

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 154-7

Date Filed JAN 23 1954

NEOSHO, MISSOURI

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 _____

Edwin J. Wilks

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Edwin J. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 7131

P. O. Address Neosho, 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.