

FILED JAN 9 1956

Registration District No. 29261

Primary Registration District No. 5796

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Moniteau Co
 (b) City or town Rural Linn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home - Rt # 2 Jamestown, Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 34 Yrs
 years, months or days

3. (a) PRINT FULL NAME Dora Alice Koegler3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 10 1880
(Month) (Day) (Year)8. AGE: Years 75 Months 5 Days 26 If less than one day _____ hr. _____ min.9. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation House Wife11. Industry or business Own Home12. Name Andy Reed13. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)14. Maiden name Mary Reed15. Birthplace Moniteau Co Mo
(City, town, or county) (State or foreign country)16. (a) Informant Frank Koegler(b) Address Jamestown, Mo17. (a) Burial (b) Date thereof 1/7/56
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Evangelical Cemetery18. (a) Signature of funeral director Earl Bonlin(b) Address California, Mo19. (a) 1-6-56 (b) H K Pappay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County: Moniteau
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt # 2 Jamestown, Mo
 (If rural, give location)
 (e) Citizen of foreign country? No ⁰⁶⁸⁰
 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1956 hour 10/30 minute _____ A. M.21. I hereby certify that I attended the deceased from 2-7
5 1956 to Jan 5 1956
that I last saw her alive on Jan 4 1956
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis Duration 2 yearsDue to Generalized arterio-sclerosis 5 yearsDue to H221Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury Ⓢ23. Signature Kemyon Latham, M.D. (M. D. or other)
Address California, Mo Date signed 1-6-56

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 *James H. Bonolia*

Licensed Embalmer No. *4933*

P. O. Address... *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.