

FILED OCT 22 1945

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clinton General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 minutes
(Specify whether
In this community 13 yrs.
years, months or days)

3. (a) PRINT FULL NAME FLORENCE EVELYN KOCH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife John W. Koch 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 7 - 18 - 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Cooper Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Seake
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Hals
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Seake
(b) Address Clinton Mo
17. (a) Burial (b) Date thereof 9-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo.

19. (a) Sept 19-45 (b) P. H. Kemmy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 110 South 4th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 1945 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 19, 1945, to Sept. 17, 1945;
that I last saw her alive on Sept. 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 hours

Due to Hypertensive Cardiovascular disease Unknown

Due to _____

Other conditions none
(include pregnancy within 3 months of death)

Major findings: none (30)
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) no
(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 S. B. Hughes (M. D. or other) M. D.
Address Clinton Mo. Date signed 9/18/45

RECEIVED

Public Health Officer No. 7,

9-45-1031

Date Filed 10-19-45

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 *Fred H. Elkins*

Licensed Embalmer No. *2478*

P. O. Address *Clinton, N.Y.*

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.