

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14808
 Do not use this space.

1. PLACE OF DEATH **Franklin** Registration District No. **293**
 (a) County **Boles** Primary Registration District No. **5411**
 (b) Township **Gray Summit** Registered No.
 (c) City **Gray Summit** (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **JOANNA KOCH**
 (a) Residence, No. **Gray Summit, Missouri** St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Koch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 3, 1869.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Own home**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Union Missouri**

FATHER 13. NAME **Levi Lewis**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

MOTHER 15. MAIDEN NAME **Not Known**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT (ADDRESS) **Gray Summit, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Gray Summit, Mo.** DATE **5/2/39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **John L. Thiebes Pacific, Mo.**

20. FILED **5-9-1939** **Mary Bloss** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April, 30, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 22, 1939** to **April 30, 1939**
 I last saw him alive on **April 30, 1939** Death is said to have occurred on the date stated above, at **1:45 A.M.**
 The principal cause of death and related causes of importance were as follows:

Nephritis

Date of onset **1937**

Other contributory causes of importance:

Chronic Myocarditis 1927.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) *[Signature]*, M. D.

(Address) **Washington Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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,

Geo. L. Thebes

or by

Registered Apprentice No., working under my personal supervision.

Signed

Geo. L. Thebes

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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, above space should be left blank.