

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

**25980**  
Do not use this space.

**AUG 1 1939**

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 413  
 (b) Township MINERAL Primary Registration District No. 5559.C.  
 (c) City Doniphan (d) Street No. R.F.D. 1 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**

(a) Residence, No. Rt #1 ORONOZO, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 5 27  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At home  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansdale Pa.  
 FATHER 13. NAME Isaac Kohler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 MOTHER 15. MAIDEN NAME Annie Neff  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Miss Martha Weaver  
Rt #1 Oronozo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Weaver Cem DATE July 21 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. CITY UNDERTAKERS CO  
Walt City Mo  
 20. FILED JULY 20. 39 John Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1939  
 22. I HEREBY CERTIFY, That I attended deceased from July 12 1939 to July 18 1939  
 I last saw him/her alive on July 17 1939 Death is said to have occurred on the date stated above at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Depletion of lungs due to checked pneumonia  
 Date of onset  
 Other contributory causes of importance: 82%  
 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) W. F. City, M. D.  
Walt City Mo (Address) 377

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 6,

District File Number 839-1527

Date Filed AUG 8 1939

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 myself.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,822

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