

No. 2  
I X21492

APR 3 1941

State File No. \_\_\_\_\_

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 12

1. PLACE OF DEATH:

(a) County. JEFFERSON

(b) City or town. RURAL ROCK  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community about 10 years! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. JEFFERSON<sup>50</sup>

(c) City or town. RURAL  
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR IMPERIAL  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME. JOHN KOSHON

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex. M. 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Mabel 6. (c) Age of husband or wife if alive. 53 years

7. Birth date of deceased. Dec. 21st 1883  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
57 3 9 hr. \_\_\_\_\_ min.

9. Birthplace Ces Kos Louenelle Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired

Immediate cause of death  
Verdict of jury.  
By gun shot wound in  
Due to head probably self-  
inflicted

Due to \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) 16 1/4

11. Industry or business \_\_\_\_\_

12. Name Anton Koshon

13. Birthplace Unknown 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant. Mrs Mabel Koshon  
(b) Address. Kimmiswick Mo

17. (a) BURIAL (b) Date thereof APRIL 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rauschowbach Cemetery

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME  
(b) Address KIMMSWICK MO

19. (a) Mar 31 1941 (b) Phil J. Work  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Probably Suicide

(b) Date of occurrence March 30, 1941

(c) Where did injury occur? near Imperial, Jeff Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3rd

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Gun

23. Signature Carl Clement Acting Coroner  
Address Kimmiswick Mo Date signed 3-30-41

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

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**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 Heiligtag* .....  
Licensed Embalmer No. *3150* .....  
P. O. Address *Kimmswick M* .....

**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.**