S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10196

Registration District No. 118 | Primary Registration District No. 4190 | Registrar's No. 33

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

1. PLACE OF DEATH:
(a) County: Gasconade
(b) City or town: Bland
(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: entire life (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Gasconade
(c) City or town: Bland,
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Louisa Koenig
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: Fred Koenig
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: March 31 (Month) 1872 (Day) (Year)

8. AGE: Years 70 | Months 11 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace: Bland (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: John Homfeldt
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret Homfeldt
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Geo. Koenig
(b) Address: Bland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Cemetery
18. (a) Signature of funeral director: Sassmann's Funeral Service
(b) Address: Bland, Mo.
19. (a) 3-12-43 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 9 year: 1943 hour: 10 minute: 15 P.M.
21. I hereby certify that I attended the deceased from 1-12, 1942 to 3-9, 1943 that I last saw h. alive on 3-9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis and
Due to: Endocarditis
Due to:
Other conditions: Anemia
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations: 131 A
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: E. A. Finger (M. D. or other)
Address: Bland, Mo. Date signed: 3-12-43

1281

(Licensed Embalmer's Statement on Reverse Side)

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 Chester Bassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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, fact should be so stated above.