

FILED DEC 9 1943
Registration District No. 169

Primary Registration District No. 5424

State File No.

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell RI Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 23 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell Rural 11
(If outside city or town limits, write "RURAL")
(d) Street No. Union Deep
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Catherine Koberhard

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 Koberhard 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug. 2 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

12. Name Henry Cooper
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Anna Butler
15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant John Koberhard
(b) Address Campbell Mo. RI

17. (a) Rural (b) Date thereof 11-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evansville Ind.

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell Mo.

19. (a) 11-10-1943 (b) Mrs. L.P. Olevier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1943 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from Nov. 10th 1943 to - 1943;
that I last saw her alive on Nov. 10th 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min.

Due to.....

Due to.....

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
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).....
(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 Wallace Selsey (M. D. or other) md.
Address Campbell Mo. Date signed 11/11/43

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

RECEIVED

District Health Office No. 2.

District File Number 1243-154

Date Filed 12-8-43

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.