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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1948

Registration District No. 360

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 25266

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Kernon
(b) City or town North Wash Ave
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs 1 mo 19 days
In this community 8 years 1 month 18 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1314 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME LOUIS KOHLFART

3. (b) If veteran, yes navy name war WW #11 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Oct 6 1886
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 4 If less than one day hr. min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER { 12. Name John F Kohlfart
13. Birthplace Ill
14. Maiden name Anna Peters
15. Birthplace Kernon Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Nevada Mo

17. (a) Reinterment (b) Date thereof Jul 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director Wiley E. Kays
(b) Address Nevada Mo

19. (a) 2-12-48 (b) Kathryn Jancey
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1948 hour 3 minute 10 p. M.

21. I hereby certify that I attended the deceased from 2-26-1948 to 7-10-1948
that I last saw him alive on 7-10-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations MB
Of autopsy

Duration
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? (a) Means of injury fall

23. Signature R. Hall (M. D. or other) MD
Address Nevada Mo Date signed 7-10-48

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

AUG 1 1944

RECEIVED

District Health Officer No. 7,

District File Number 813

Date Filed 7-22-44

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.....

Bert B. Bennett, Registered Apprentice No. 83
working under my personal supervision.

Signed Allen J. Hays

Licensed Embalmer No. 1568

P. O. Address Nevada 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.