

Koehne, Clarence Ritchie 1891 - 1946

OHIO DEPARTMENT OF HEALTH				COLUMBUS		State File No. <b>48669</b>	
Reg. Dist. No. <u>434</u>				Primary Reg. Dist. No. <u>4227</u>		Registrar's No. <u>4539</u>	
CERTIFICATE OF DEATH				Department of Commerce - Bureau of the Census			
<b>1. PLACE OF DEATH:</b>				<b>2. USUAL RESIDENCE OF DECEASED:</b>			
(a) County <u>HAMILTON</u>				(a) State <u>OHIO</u> (b) County <u>HAMILTON</u>			
(b) <u>CINCINNATI</u> (City, Village, Township)				(c) City or village <u>NORWOOD</u> (If outside city or village, write RURAL)			
(c) Name of hospital or institution: <u>HEBREW HOSPITAL</u> (If not in hospital or institution, write street No. or location)				(d) Street No. <u>1845 TILDEN AVE.</u> (If rural, give location)			
(d) Length of stay: in hospital or institution <u>9</u> In this community <u>55 yrs 5 Mo 3 Da.</u> (Years, months or days)				(e) If foreign born, how long in U. S. A.? _____ years.			
<b>3. FULL NAME <u>CLARENCE RITCHIE KOEHNE</u></b>				<b>MEDICAL CERTIFICATION</b>			
(a) if veteran, name war <u>No</u>				20. Date of death: Month <u>August</u> day <u>15<sup>th</sup></u> year <u>1946</u> hour _____ minute _____			
(b) Social Security No. <u>No</u>				21. I hereby certify that I attended the deceased from <u>Aug 9</u> to <u>Aug 15</u> , 19 <u>46</u>			
4. Sex <u>M</u>		5. Color or race <u>W</u>		6. (a) Single, widowed, married, divorced _____		that I last saw him alive on <u>Aug 12</u> , 19 <u>46</u>	
6. (b) Name of husband or wife <u>MARIE</u>				and that death occurred on the date and hour stated above.			
7. Birth date of deceased <u>MARCH 13<sup>th</sup> 1891</u> (Month) (Day) (Year)				Immediate cause of death <u>Circulation calls rise</u>			
8. AGE: Years <u>55</u>		Months <u>5</u>		Days <u>3</u>		Due to <u>Chronic bronchitis which became acute</u>	
9. Birthplace <u>NORWOOD OHIO</u> (City, town, or county) (State or foreign country)				Due to <u>with possible bronchopneumonia</u>			
10. Usual occupation <u>CONTRACTOR</u>				Other conditions _____			
11. Industry or business <u>WELL DRILLER</u>				Major findings of operation _____			
12. Name <u>JOSEPH KOEHNE</u>				Major findings of autopsy _____			
13. Birthplace <u>IND</u>				Underline the cause to which death should be charged statistically.			
14. Maiden name <u>IDA RITCHIE</u>				22. If death was due to external causes, fill in the following:			
15. Birthplace <u>CINCINNATI OHIO</u> (City, town, or county) (State or foreign country)				(a) Accident, suicide, or homicide (specify) _____			
16. (a) Informant's signature <u>Mrs. Marie Koehne</u>				(b) Date of occurrence _____			
(b) Address <u>1845 Tilden Ave. Norwood, Ohio</u>				(c) Where did injury occur? _____ (City or Village) (County) (State)			
17. (a) Burial, cremation, or other; (b) Date <u>8-17-46</u> (Month) (Day) (Year)				(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)			
(c) Place <u>Method of Burial - Arlington Ky.</u>				While at work? _____ (e) How did injury occur? _____			
(d) <u>Paul H. Gornover 43274</u> (Name of Embalmer) (Lic. No.)				23. Signature <u>P. B. Gornover</u> (Specify if Doctor of Medicine or Osteopathy)			
18. (a) <u>Paul H. Gornover 3163</u> (Signature of Funeral Director) (Lic. No.)				Address <u>Norwood</u> Date signed <u>8.16.46</u>			
(b) Address <u>TREDWAY - NORWOOD, OHIO</u>							
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)							