1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40143

File No.
Registered No. 108

1. PLACE OF DEATH
County: Franklin
Registration District No. 297
Township:
Primary Registration District No. 3016
City: Washington (No. ..... St. ..... Ward)

2. FULL NAME: George Hoener
(a) Residence. No. (Usual place of abode): Gasconade Mo. Ward. Gasconade, Mo. (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 73 yrs. mos. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(or) WIFE OF~~: Bertha Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 7, 1855

7. AGE: Years 73 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 1330
(b) General nature of industry, business, or establishment in which employed (or employer): 990
(c) Name of employer: 137

9. BIRTHPLACE (CITY OR TOWN): Osage Co.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Wm Hoener
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Hannah Heidbreder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: William Waibel
(Address): Gasconade, Mo.

15. Aug 29, 1928 O. L. Mumm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928, to Dec 28, 1928, that I last saw h. alive on Dec 27, 1928, and that death occurred, on the date stated above, at 6:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism
following Prostatectomy
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Gasconade Mo
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 12-22-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. E. Mangsp M. D
Dec 31, 1928 (Address) Washington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gasconade Mo.
DATE OF BURIAL: Dec 31 1928
20. UNDERTAKER: Nieburg & Vitt
ADDRESS: Washington Mo.

B. E. Mankopf

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Franklin — Registration District No. 297 — File No.
Township: — Primary Registration District No. 3016 — Registered No. 103
City: Washington (No. ..., St. ..., Ward)

2. FULL NAME: George Hoemer

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED Dec 28 1928 O. L. Munch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1928

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Embolism following Prostatectomy
... (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Inflamatory Suppression
... (duration) ... yrs. ... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ..., M. D
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

S-40143