N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

9673

APR 16 1936

1. PLACE OF DEATH
County: Cass
Registration District No.: 156
Primary Registration District No.: 4090
File No.:
Registered No.:
Township:
City: Harrisonville (No. ..... St. ..... Ward)

2. FULL NAME: John Elgie Hochmuth

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10 - 1935

7. AGE: Years —; Months 6; Days 22; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisonville Mo

FATHER
13. NAME: John H. Hochmuth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cass Co Mo

MOTHER
15. MAIDEN NAME: Barbara Rendle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cloud Co Kansas

17. INFORMANT: John H. Hochmuth
(ADDRESS): Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Orient DATE: 3/4 1936

19. UNDERTAKER: Rennenburger Bros
(ADDRESS): Harrisonville Mo

20. FILED 3/3 1936 E. M. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1936, to March 2 1936
I last saw him alive on March 2 1936. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia with Pneumococcus meningitis	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M.D.
(Address) Harrisonville Mo