Duckwaith

REC'D SEP 28 1938

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

30271
Do not use this space.

1. PLACE OF DEATH
(a) County Washington 1 Registration District No. 886
(b) Township Belleview Primary Registration District No. 6177 Registered No. 7
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Hockenhomer. 255
(a) Residence, No. Caledonia Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Christopher Hockenhomer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 23 1849
7. AGE: YEARS 88 MONTHS 7 DAYS 20 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retierd
9. Industry or business in which work was done, as 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): NewaOrleansULA. 1

FATHER
13. NAME: John Frank. 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Joe Hockenhomer. Caledonia Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo. DATE Aug 14 1938.
19. FUNERAL DIRECTOR (ADDRESS): Norman White & Sons Ironton, Mo.
20. FILED Aug 28 1938 Ella White Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13 1938
22. I HEREBY CERTIFY, That I attended deceased from 1930 to Aug 13, 1938
I last saw her alive on Aug 13, 1938 Death is said to have occurred on the date stated above, at 10.30P.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Uremia | 8/1/38 |

Other contributory causes of importance: chronic nephritis

Name of operation — Date of —
What test confirmed diagnosis? Clin. & Tob. Was there an autopsy? no

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? no
If so, specify —
(Signed) W. P. Duckworth, M. D.
(Address) Desloge Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

## STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**