REC'D AUG 16 1939

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

26160
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston 2
(b) Township
(c) City Chillicothe
Registration District No. 508
Primary Registration District No. 3026
Registered No. 97
(d) Street No. 524 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 3 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lola Sarchet Hoenshel
(a) Residence, No. 1114 No. Locust 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. J. Hoenshel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 25-1867
7. AGE: Years 71 | Months 11 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Charleston Illinois

FATHER
13. NAME: Bischard Sarchet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guernsy County Ohio

MOTHER
15. MAIDEN NAME: Rose Ann Hutchison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guernsy County Ohio

17. INFORMANT (ADDRESS): Mrs E. E. Hoenshel 1114 Locust
18. BURIAL, CREMATION, OR REMOVAL
PLACE Edgewood CEM. DATE Aug-3 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): F. A. Meiner Chillicothe Mo
20. FILED 8/2 1939 H. M. Grace M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 1 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1939 to Aug 1 1939
I last saw her alive on July 31 1939 Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	Aug 1-39
94b	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? symptoms 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) C. M. Gray, M. D.
(Address) Chillicothe Mo

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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 839-993
Date Filed AUG 9 1930

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, Elmer Thomas, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.