

No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18367

State File No. \_\_\_\_\_

Registration District No. 305

Primary Registration District No. 5422

Registrar's No. 14

1. PLACE OF DEATH:

(a) County GASCONADE  
(b) City or town "RURAL" CANAAN TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ROSEBUD ROUTE 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 33 YRS.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE  
(c) City or town ROSEBUD RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME KAROLINA HOENEMANN 555

8. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife HEINRICH HOENEMANN 6. (c) Age of husband or wife if alive DEAD years  
7. Birth date of deceased OCTOBER 5 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace G GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MORITZ NIEWALD 6  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name ROESSING 1  
15. Birthplace GERMANY 10  
(City, town, or county) (State or foreign country)

16. (a) Informant P. A. Hoennemann  
(b) Address Rosebud, Mo

17. (a) BURIAL (b) Date thereof MAY 15 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LUTHERAN CEMETERY ROSEBUD

18. (a) Signature of funeral director W. F. J. ...  
(b) Address Overville Mo

19. (a) 5-16-40 (b) A. A. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1940 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from April  
\_\_\_\_\_, 1940, to 5-13, 1940  
that I last saw her alive on 5-12, 1940  
and that death occurred on the date and hour stated above  
Immediate cause of death Myocardial Infarction - Duration 5-10-40

Due to Influenza

Due to \_\_\_\_\_

Other conditions ✓  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy None performed

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 928  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Charles A. Schmitt (M. D. or other) 1  
Address Rosebud Mo Date signed 5-15-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by.....

*Lloyd Giske*....., Registered Apprentice No. *2427*  
working under my personal supervision.

Signed *W.F. Gottenstracker*.....

Licensed Embalmer No. *1444*.....

P. O. Address: *Owensville, Mo.*

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.)

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