

No. 2
-10-39
7-39
X2149Z

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35642**
Registrar's No. **123**

Registration District No. **431**

Primary Registration District No. **5598**

1. PLACE OF DEATH:

(a) County Johnson County, Mo.
(b) City or town R. F. D., Warrensburg, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri Johnson
(a) State _____ (b) County _____
(c) City or town R. F. D. Warrensburg, Mo.
(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 Carolina C. Hoehn.
(b) If veteran, name war _____ (c) Social Security No. None
4. Sex F 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept-10-1862.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1940 hour 12 minute 25 P. M.
21. I hereby certify that I attended the deceased from July 23d, 1940, to Oct. 4th, 1940;
that I last saw him alive on Sept 30th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death urine
Duration _____

8. AGE: Years Months Days If less than one day
78 0 24 hr. _____ min.

Due to general debility of function due to senility
Due to _____

9. Birthplace Berger Mo. (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 160

10. Usual occupation Unknown

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

11. Industry or business _____

12. Name Nicklos J. Hoehn
13. Birthplace Germany. (City, town, or county) (State or foreign country)

14. Maiden name Johana Wittthar
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth White
(b) Address R. F. D. 2 Warrensburg, Mo.

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? _____

17. (a) Burial, cremation, or removal Burial (b) Date thereof 10-5-40 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville, MO

18. (a) Signature of funeral director Walter Mendenhall
(b) Address Higginsville, Mo.
19. (a) Oct 4-1940 (b) Bertie Gentry (Date received local registrar) (Registrar's signature)

23. Signature OB Hall (M. D. or other) _____
Address Warrensburg, Mo. Date signed 10/4/40

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

Signed

Roy F. Wiegman

Licensed Embalmer No. *2883*

P. O. Address _____

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.