

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38857

State File No. _____

Registration District No. 1159

Primary Registration District No. 5349

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Iron
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days 7

3. (a) PRINT FULL NAME Joseph Hockinghomer

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lizzie Hockinghomer

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 24, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Christopher Hockinghomer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Hockinghomer

(b) Address Caledonia Mo.

17. (a) burial (b) Date thereof 11/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Nov 9 1940 (b) Mrs. J. A. Townsend
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from November 9, 1940 to November 12, 1940
that I last saw him alive on November 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death pneumonia, lobar

Due to _____

Due to _____

Other conditions myocarditis, anemia, nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underlines the cause to which death should be charged statistically.

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? _____

356 _____ (Specify type of work) _____
While at work? _____ Means of injury _____

23. Signature George G. G... (M. D. or other) M. D.
Address Ironton, Missouri Date signed 11-13-40

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.....

Licensed Embalmer No.....

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.