

Registration District No. 609

Primary Registration District No. 5876

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Cinque Homme  
(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 88-2-12 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(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.

3. (a) PRINT FULL NAME Barbara Hoehn

3. (b) If veteran, name was \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1940 hour 1 minute 30 P.M.

4. Sex Female 5. Color, or race White

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

6. (b) Name of husband or wife John F. Hoehn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 7 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 5 - Nov. 19, 1940 to Nov. 19, 1940 that I last saw her alive on Nov. 12, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 2 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage 5 days

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Fredriend Bergman

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

14. Maiden name Barbara Billhorn

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lorene J. Luhn

(b) Address Perryville, R. 3.

17. (a) Burial (b) Date thereof Nov. 22 1940  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedenberg Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville, Mo.

19. (a) Nov. 22 - 1940 (b) Martin Moreschel  
(Date received local registrar) (Registrar's signature)

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? 5-11

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. P. Tully (M. D. or other) \_\_\_\_\_  
Address Perryville, Mo. Date signed 11-22-40

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.....

Licensed Embalmer No. *2138*

P. O. Address..... *Pennington*

**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, fact should be so stated above.**