

Registration District No. 300

Primary Registration District No. 3417

36  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County FRANKLIN.  
(b) City or town: RURAL, LYON.  
(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 \_\_\_\_\_  
In this community 87 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. Residence of John Hoemann, Jr.  
New Haven Mo  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME JOHN. H. HOEMANN, Sr.

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 Widowed

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

7. Birth date of deceased JAN 1, 1854.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 - 17. hr. min.

9. Birthplace FRANKLIN, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired FARMER.

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

12. Name FRANK. HOEMANN.

13. Birthplace GERMANY. 4  
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINA KAPPELMANN

15. Birthplace GERMANY. 4  
(City, town, or county) (State or foreign country)

16. (a) Informant John Hoemann

(b) Address Union mo

17. (a) BURIAL (b) Date thereof JAN. 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Part Jackson mo.

18. (a) Signature of funeral director E. J. Jensen

(b) Address Beaufort Mo.

19. (a) Jan 18 1941 (b) J. H. Matthews  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 6 minute 9 A. M.

21. I hereby certify that I attended the deceased from Jan 17, 1941 to Jan 17, 1941 that I last saw him alive on Jan 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia Duration 4 da

Due to Influenza 6 da

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

Other conditions (Include pregnancy within 3 months of death) 320

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

Of autopsy \_\_\_\_\_

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? 211

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

Signature J. H. Matthews M.D.

Address Beaufort Mo Date signed 1/18/41

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

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.....

*E. H. Lemme*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E. H. Lemme*.....

Licensed Embalmer No. *3076*.....

P. O. Address *Beaufort 2900*.....

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.