

Registration District No. 881

Primary Registration District No. 6175

Registrar's No. 18

1. PLACE OF DEATH: **Warren**
 (a) County
 (b) City or town **Rural (Campbranch)**
 (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
 years, months or days

3. (a) PRINT FULL NAME **Georgia Ann Hoech**

3. (b) If veteran, name war. **—** 3. (c) Social Security No. **now**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband **Gus. Hoech (deceased)** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Dec. 8, 1863**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	5	19	hr. min.

9. Birthplace **Truxton Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **Thomas Hunter**

13. Birthplace **Germany**
(State or foreign country)

14. Maiden name **Julia Christian**

15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Howard Hoech**

(b) Address **Warrenton, Mo.**

17. (a) **Burial** (b) Date thereof **5-30-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **xxxx Pin-Oak Church Cem.**

18. (a) Signature of funeral director **F. W. Nieburg**
(b) Address **Warrenton, Mo.**

19. (a) **May 31, 1941** (b) **A. H. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Warren**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **109**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27**
year **1941** hour **11:45** minute **A. M.**

21. I hereby certify that I attended the deceased from **January 1939** to **May 27 1941**
that I last saw **her** alive on **5-27** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **(Senile) Myocarditis**

Due to **arterio-sclerosis**

Due to **Diabetes mellitus**

Other conditions **See Remarks, Colitis, Jaundice**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline 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?
802

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

23. Signature **Dr. S. S. ...** (M.D. or other)

Address **Highway 1, Mo.** Date signed **5/29/41**

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

9006

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, by

Registered Apprentice No. _____

working under my personal supervision.

Signed

John F. Meberg

Licensed Embalmer No. _____

389

P. O. Address

Warrenton, Or

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.