

FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4239 Benton Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... 54 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4239 Benton Blvd. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OSCAR HOCHLAND

3. (b) If veteran, name war None 3. (c) Social Security No. 486-10-0598

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Lula C. Hochland 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased August 28 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 0 If less than one day
hr. min.

9. Birthplace Cincinnati Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Legal Department

11. Industry or business Loose-Wiles Biscuit Co.

MOTHER FATHER { 12. Name Paul Hochland
13. Birthplace Germany /
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Kaetzel
15. Birthplace Hamilton County Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula C. Hochland

(b) Address 4239 Benton

17. (a) Burial (b) Date thereof 9-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director J. W. Wagner
Kansas City, Mo.
(b) Address 7/29/41

19. (a) 7/29/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1941 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from
Nov 5 1940 to Sept 28 1941
that I last saw him alive on Sept 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cosmophillic Bacteremia
Due to Sept 28
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
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?

While at work? (Specify type of place) (a) Means of injury.....
23. Signature George C. Bee (M. D. 11)
Address 1630 Prof. Bldg Date signed 9/28/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
38

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 *A. R. Havenschild*.....

Licensed Embalmer No. *4159*.....

P. O. Address. *N. C. W.*.....

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.