

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

35803
35803

FILLED OCT 28 1941

1. PLACE OF DEATH

County Platte

Registration District No. 695

Township Waldron

Primary Registration District No. 5923

City _____ (No. _____)

St. _____

Ward 0

2. FULL NAME Herman Joseph Hoshnis

(a) Residence, No. Waldron Mo. St.

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. 2

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1941

7. AGE

YEARS _____

MONTHS _____

DAYS 2

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME Frank Hoshnis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alpha Kell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Mo

17. INFORMANT (ADDRESS) Frank Hoshnis Waldron Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fourty

DATE Sept 6 1941

19. UNDERTAKER (ADDRESS) Waldron Parkville Mo

20. FILED 6-6-41

19. 41

S. P. Ford

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1941 to Sept 5 1941

I last saw him alive on Sept 4 1941 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset _____

Other contributory causes of importance: 159

Name of operation _____

Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S. P. Ford

(Address) Parkville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

