

FILED MAR 10 1942

Registration District No. 4792

Primary Registration District No. 5577

Registrar's No. \_\_\_\_\_

50000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Hillsboro Rural Central (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 67 years years, months or days

8. (a) PRINT FULL NAME ANDREW CHRISTOPHER Hohl

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M, U 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Hohl 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec 17 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Hillsboro O Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name Nicholas Hohl

13. Birthplace Nankov 9 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Simon 9

15. Birthplace Nankov 9 (City, town, or county) (State or foreign country)

16. (a) Informant Grace Hohl (b) Address Hillsboro Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro Mo.

18. (a) Signature of funeral director Samuel B. Dietrich

(b) Address De Soto Mo.

19. (a) Feb 8-1942 (Date received local registrar) (b) Ware Evans (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Hillsboro (Rural) (If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 mi west of Hillsboro (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th year 1942 hour 9 minute am M.

21. I hereby certify that I attended the deceased from Jan 12 1942 to Feb 3 1942 that I last saw him alive on Feb 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Duration unknown

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

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

Other conditions 92e (Include pregnancy within 3 months of death)

PHYSICIAN

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? \_\_\_\_\_

23. Signature J. B. Angels (M. D. or other) Do Address De Soto, Mo Date signed 2-10-42

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**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.....

*Francis R. Dietrich*

Registered Apprentice No. *258*

working under my personal supervision.

Signed

*Samuel B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Defats Mo.*

**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.**