

MAR 20 1942
Registration District No. **080**

Primary Registration District No. **5878**

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

1. PLACE OF DEATH:
 (a) County **Perry**
 (b) City or town **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 **77-0-23** years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Perry**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **Yes or No**
 If yes, name country _____

3. (a) PRINT FULL NAME **John V. Hoehn**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 7. Birth date of deceased **February 20 1865**
 (Month) (Day) (Year)

8. AGE: Years **77** Months **0** Days **23**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farming**

11. Industry or business _____

MOTHER { 12. Name **John V. Hoehn**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Margarete Bergmann**
 15. Birthplace **Perry Co. Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Edmund Hoehn**
 (b) Address **Perryville Mo.**

17. (a) **Burial** (b) Date thereof **March 16 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedenberg Mo.**

18. (a) Signature of funeral director **Young's Sons**

(b) Address **Perryville Mo.**

19. (a) **3-16-42** (b) **O. J. Brewer**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**
 year **1942** hour **11** minute **30 P.M.**
 21. I hereby certify that I attended the deceased from **2-19-**
FEB 19 1942 to **MAR 13 1942**
 that I last saw him alive on **MAR 13 1942**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myo-CARDIAL-FAILURE**
 Due to **(1) MITRAL-STENOSIS**
(2) " INCOMPETENCY
 Due to **(3) NEPHRITIS CHN.**

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

Major findings: **1316**
 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?
 (Specify type of place) **2**

While at work? _____ (e) Means of injury _____

23. Signature **C. M. Wickman** (M. D. or other) **Do.**
 Address **Perryville, Mo.** Date signed **3-14-42**

RECEIVED

District Health Officer No. 4

District File Number 342-392

Date Filed 3-18-42

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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, fact should be so stated above.