

FILED APR 13 1942

Registration District No. 382

Primary Registration District No. 4244

Registrar's No. 16

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location) H
(d) Length of stay: In hospital or institution 40 YRS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES FIELDEN HOHIMER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE 0

6. (b) Name of husband or wife. ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased DEC. 12, 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 25 If less than one day ✓ hr. ✓ min.

9. Birthplace PETERSBURG ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation COUNTY COLLECTOR

11. Industry or business

MOTHER FATHER { 12. Name FIELDEN HOHIMER
13. Birthplace PETERSBURG ILL 1
(City, town, or county) (State or foreign country)
14. Maiden name ROSE BELLE POTTER
15. Birthplace PETERSBURG ILL 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jay G. Hohimer
(b) Address PARIS, MO.

17. (a) BURIAL (b) Date thereof MAR. 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director SPEED A. BLANEY
(b) Address PARIS, MO.

19. (a) 3-13-42 (b) G.H. Agnew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE 069
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 7
year 1942 hour 1 minute 30 P.

21. I hereby certify that I attended the deceased from Dec 1935 to 3-9-42
that I last saw H.L.H. alive on 3-7-42
and that death occurred on the date and hour stated above. 1942

Immediate cause of death Cerebral apoplexy Duration 30 min

Due to Hypertension 2 1/2 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury W/O
23. Signature J.H. Barnell (M. D. or other) W/O
Address PARIS, MO. Date signed 3-7-42

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

9
2
0

RECEIVED

District Health Officer No. 10

District File Number 4-9-698

Date Filed APR - 9 1942

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.