

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

17005

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 18 1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2237

48
3
8

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

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 Bear 617 Main 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 992

(c) City or town Veterans Hosp. Wadsworth
(If outside city or town limits, write "RURAL") 14

(d) Street No. _____ (If rural, give location) Kans

(e) Citizen of foreign country? 7/0 (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR B. HOCH

3. (b) If veteran Worlds War #1 name was _____

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2
year 42 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from _____
19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color W. race W.

6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 3 1890
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____ 92 D

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

8. AGE: Years 51 Months 16 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Pacific MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Major findings: _____

Of operations _____

Of autopsy negative

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name August Hoch

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

14. Maiden name unknown 9

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

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 6/6/42

23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

16. (a) Informant U.S. Military Record

(b) Address at Wadsworth Kans

17. (a) Bureau (b) Date thereof 6/19/42
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Removed Wadsworth KS

18. (a) Signature of funeral director [Signature]

(b) Address [Signature]

19. (a) 6-8-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

3601 (Licensed Embalmer's Statement on Reverse Side)

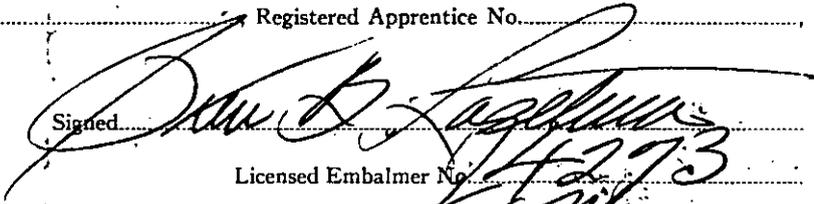
41

JUN 29 1973

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.....



Licensed Embalmer No.....

P. O. Address.....

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.