U. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21407

FILED JUL 8 1943

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 167

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1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1111 So Emery St. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— In this community 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Independence 4 (If outside city or town limits, write "RURAL")
(d) Street No. 1111 So. Emery 4 (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: Germany

3. (a) PRINT FULL NAME: Karl F. HOEGELE
3. (b) If veteran, name war: ———
3. (c) Social Security No. ———
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: ———
6. (c) Age of husband or wife if alive: ——— years
7. Birth date of deceased: March (Month) 27 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
75	2	26	hr. ___ min.

9. Birthplace: No record (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs G. V. Britton
(b) Address: 1011 So. Osage St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/25/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove Cem.
18. (a) Signature of funeral director: Cato & Speaks
(b) Address: Independence Mo
19. June 24 1943 (Date received local registrar) (b) Roseau W. Cosa (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-23-43 year ___ hour ___ minute 11 A.M.
21. I hereby certify that I attended the deceased from Deputy to Corr, 19__; that I last saw him alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pulmonary Edema — Duration
Due to: Mitral Stenosis & Vegetative Endocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 91a
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): Fracture fuselar femur
(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)
While at work? (e) Means of injury: 5
23. Signature: Russell W. Cox (M. D. or other)
Address: Kansas City Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Roland V. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence 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.