

FILED AUG 21 1942

Registration District No. 292

Primary Registration District No. 5410

Registrar's No. 68

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Franklin*

(a) County: *Franklin*

(b) City or town: *Rural Boonville*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)

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

In this community: *all* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Franklin* 36

(c) City or town: *Rural* 3
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: **HENRY HOEMEYER**

3. (b) If veteran, name war _____

3. (c) Social Security No. *None*

4. Sex: *Male*

5. Color or race: *W*

6. (a) Single, widowed, married, divorced: *married*

6. (b) Name of husband or wife: *Mildred Hoemeyer*

6. (c) Age of husband or wife if alive: *59* years

7. Birth date of deceased: *Feb 23 1881*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>61</i>	<i>4</i>	<i>19</i>	hr. _____ min. _____

9. Birthplace: *Healden Mo* (City, town, or county) (State or foreign country)

10. Usual occupation: *Farmer*

11. Industry or business _____

12. Name: *Henry Hoemeyer*

13. Birthplace: *Germany* (City, town, or county) (State or foreign country)

14. Maiden name: *Agnes Schmidt*

15. Birthplace: *Healden Mo* (City, town, or county) (State or foreign country)

16. (a) Informant: *Carroll Hoemeyer*

(b) Address: *New Haven*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof: *7-14-42* (Month) (Day) (Year)

(c) Place: burial or cremation: *ledger from New Haven*

18. (a) Signature of funeral director: *L. B. Bertig, Son*

(b) Address: *New Haven Mo*

19. (a) *July 13 1942* (Date received local registrar) (b) *Colava England* (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *11th* year *1942* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from *November 14*, 1940, to *July 11*, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: *Cardiac asthma with pulmonary edema*

Duration: *1 1/2 hours*

Due to: *Arteriosclerosis with hypertension and coronary disease 5 years*

Due to _____

Other conditions: *ASC*

(Include pregnancy within 3 months of death)

Major findings: *no operation*

Of operations: _____

Of autopsy: *no 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: _____

23. Signature: *B. P. C. isenmann* (M. D. or other) *MD*

Address: *New Haven, Mo.* Date signed: *7/13/42*

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.....

Earl Festig

Licensed Embalmer No.

3383

P. O. Address.....

New Haven, Conn.

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.