S. No. 2
I—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27676

State File No.

FILED SEP 11 1942

Registration District No. 212 Primary Registration District No. 4325 Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County MILLER

(b) City or town BAGNELL [illegible]
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MILLER 66 0

(c) City or town BAGNELL
(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.? 0 years.

3. (a) PRINT FULL NAME FRITZ HOENER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) 1865 (Year)

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

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

10. Usual occupation RETIRED MERCHANT

11. Industry or business

FATHER
12. Name WILLIAM HOENER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name HANNAH STONER
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant J. S. Hoener
(b) Address Slater, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lamm

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Mo.

19. (a) 8-22-42 (Date received local registrar) (b) W S Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 19
year 1942 hour — minute — 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.

Immediate cause of death The Miller Co health Doctor M J Agnes viewed the Body made his Deposition

Due to There was ASCITIES & OEDEMA Present in the Lower Extremities it is

Due to My Opinion he died of MYOCARDITIES (Chronic)

Other conditions Natural Causes
(Include pregnancy within 3 months of death)

Major findings The Jurors on the Coroners
Of operations Inquest Said Death was Due to Natural Causes

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

938

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)

While at work? Acting Coroner (Means of injury)

23. Signature O E Vernon Justice of the Peace (M.D. or other)

Address Franklin Township Miller Co Mo Date signed Aug 22 42

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 42-68
Date Filed 9/8/42

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 Louis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.