

FILED DEC 8 1942
Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County..... Marion

(b) City or town..... Palmyra

(c) Name of hospital or institution:
Liberty Township /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 30 years (Specify whether years, months or days)

In this community..... 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Marion

(c) City or town..... Palmyra
(If outside city or town limits, write "RURAL")

(d) Street No..... Liberty Township
(If rural, give location)

(e) Citizen of foreign country?..... No. (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME..... Charles Hoenes

3. (b) If veteran, name war..... No

3. (c) Social Security No..... No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 20
year..... 1942 hour..... 3. minute..... 30 a. M.

4. Sex..... Male

5. Color or race..... white

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

6. (b) Name of husband or wife..... Sophia Klenk Hoenes

6. (c) Age of husband or wife if alive..... 27 years

7. Birth date of deceased..... January 27 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January, 1942, to Nov., 1942, that I last saw him alive on Nov. 19., 1942, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>23</u>	hr. min.

Immediate cause of death..... Chronic endocarditis

Due to..... Chronic poly-osteoarthritis with gangrene of several toes.

9. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... Carpenter

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

Major findings:
Of operations..... 92d

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name..... Gottlieb Hoenes

13. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Margaret Wagner

15. Birthplace..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Paul Kaden

(b) Address..... Palmyra, Mo.

17. (a) Burial (b) Date thereof..... 11/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood Cemetery

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..... William Kaden (M. D. or 0)
Address..... Palmyra, Mo. Date signed..... 11/30/42

18. (a) Signature of funeral director..... James Hoens

(b) Address..... Palmyra Mo.

19. (a) 11/21/42 (b) Mrs Margaret Kaden
(Date received local registrar) (Registrar's signature)

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. 2382

working under my personal supervision.

Signed

Geoffrey Lewis
.....
Licensed Embalmer No. 2382

P. O. Address Valmeyer, 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.