

Registration District No. 39

Primary Registration District No. 5224

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Grand River Twp.
(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 24 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Rural Harrisonville
(If outside city or town limits, write "RURAL")

(d) Street No. Grand River Twp.
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN CHESLEY HOENSKEL

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 Married

6. (b) Name of husband or wife Katherine Hoenshell

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased June 12 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 0
If less than one day _____ hr _____ min.

9. Birthplace Terre Haute Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Wesley Hoenshell

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

14. Maiden name Luise Riester

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

16. (a) Informant Earl Hoenshell

(b) Address Pleasant Hill Mo

17. (a) Burial (b) Date thereof Sept 14 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wills Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE MO

19. (a) Sept. 14, 1943 (b) Margaret Valle
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1943 hour 7:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 3, 1943, to Sept 12, 1943
that I last saw him alive on Aug 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left side of face.

Due to _____

Due to _____

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

Major findings: 53

Of operations _____

Of autopsy _____

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) (Type of injury)

23. Signature J. M. Scott (M. D. or other)

Address Harrisonville Mo Date signed Sept 12

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

19
00

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ernest R. Runnenbarger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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, above space should be left blank.