

FILED DEC 17 1943

Registration District No. 274

Primary Registration District No. 3552-5923 Registrar's No. 342

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Georgetown (D. W. & S. W.)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Lovenia Black

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>			hr. _____ min.

9. Birthplace Berks County Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Ephraim Hoch

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

14. Maiden name Caroline Kaser

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

16. (a) Informant Walter D. Hoch

(b) Address _____

17. (a) Burial (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 11-1-43 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 43 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 31 1943 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 Found dead in bed, evidently from some organic heart trouble Duration _____
Due to Senility

Due to _____

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

Major findings: Of operations _____

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) _____

(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 N. J. Bishop Coroner (M. D. or other) _____
Address Sedalia Mo Date signed 11-2-43

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

50

80

0

0

920

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-14-43

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..... *Robert H Reed*

Licensed Embalmer No..... 3745

P. O. Address..... *Sedalia 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.