V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

7964

State File No.

Registration District No. 294 Primary Registration District No. 3052 Registrar's No. 79

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

**1. PLACE OF DEATH:**

(a) County Pettis
(b) City or town Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Pettis 80
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John H Hoins
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 Mary nee Kahrs
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased ~~Feb~~ Dec. 16 - 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Do not know (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Herman Hoins
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ~~Mary~~ Do not know
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mary Hoins
(b) Address Beaman Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 28 44 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Beaman Mo
18. (a) Signature of funeral director A. F. Neumeyer
(b) Address Smithton Mo
19. (a) 2-28-44 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 25 year 44 hour 6 minute P M.
21. I hereby certify that I attended the deceased from Feb 1, 1944 to Feb 25, 1944 that I last saw him alive on Feb. 25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. L. Holtzin (M.D. or other)
Address Smithton Mo Date signed 2/28/44

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-2-44

**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 A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.**