

94
5
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington Mo
(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 years, months or days)
In this community 18 or 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Farmington Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 410 Center
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME R L Hogenmiller

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-01-0030

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Clara Carrow 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Dec. 31 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 1 If less than one day hr. _____ min. _____

9. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Quail fish St. Joseph Mo

11. Industry or business _____

12. Name Ben P. Hogenmiller

13. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Heiler

15. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Hogenmiller Ben
(b) Address Fredricktown Mo

17. (a) Burial (b) Date thereof April 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celroy

18. (a) Signature of funeral director Cozen Funeral Home
(b) Address Farmington Mo

19. (a) 4-4-44 (b) John H. Bohman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1944 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from March 1 1944 to April 1 1944 that I last saw him alive on April 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia Duration 4 da.

Due to Carcinoma of liver 2 yrs.

Due to _____

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

Major findings: Of operations 124 fl

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 injury) (e) Means of injury _____

23. Signature Geo. R. Watkins (M. D. or other) _____

Address Farmington Mo Date signed 4-4-44

RECEIVED

District Health Officer No. 4

District File Number 444-370

Date Filed 4-12-44

JAN 12 1945

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 *Alfred Cozart*

Licensed Embalmer No. 4084

P. O. Address *Farmington, 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.