

S. No. 2
M-2-43
7-5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

W. Finney 27424
State File No. _____

FILED SEP 8 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 252

16
4

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

1. PLACE OF DEATH:

(a) County Coape Girardeau

(b) City or town Coape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott

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

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

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

3. (a) PRINT FULL NAME HENRY HOHMAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 500-18-2352

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

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

7. Birth date of deceased: Sept-6-1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>26</u>	

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

10. Usual occupation Laborer

11. Industry or business Common Labor

12. Name Dont know

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

14. Maiden name Dont know

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

16. (a) Informant Mrs. Eustace Lynch

(b) Address Evansville Ind.

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

(c) Place: burial or cremation Scuse Mo.

18. (a) Signature of funeral director: Walters Und. Co

(b) Address Coape Girardeau Mo.

19. (a) 8-3-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 44 hour 3 minute 2 A. M.

21. I hereby certify that I attended the deceased from 7-29 1944 to 8-2 1944 that I last saw him alive on 8-1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Spitation of Heart Duration 10 days

Due to Chronic Myocarditis 3 yr

Due to Chronic Nephritis 10 yr

Other conditions Breucia 2 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 131

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 W. O. Finney (M. D. or other) Address Chaffin Mo. Date signed 8/3/44

1014

RECEIVED

District Health Officer No. 4

District File Number 944-426

Date Filed 9-7-44

MAY 1 1944

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 *Virgil K. Helch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Girardeau - 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.