

FILED NOV 20 1944

Registration District No. _____ Primary Registration District No. **5661**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **Ewing - Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Highland of mine**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **65 years**
years, months or days)

3. (a) PRINT FULL NAME **WILLIAM E HOTECHKISS**

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

4. Sex **M** 5. Color or race **W** 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 - 11 - 1854**
(Month) (Day) (Year)

8. AGE: Years **90** Months **1** Days **6** If less than one day hr. _____ min. _____

9. Birthplace **Ill. I**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Thos W. Hotchkiss**
13. Birthplace **Ill. I**
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Breezley**
15. Birthplace **Ill. I**
(City, town, or county) (State or foreign country)

16. (a) Informant **Flossie Lewington**
(b) Address **Lewington, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 19 - 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ewing, Mo.**

18. (a) Signature of funeral director **Thomas Ball**

(b) Address **Ewing, Mo.**

19. (a) **Oct. 18-44** (b) **P. M. Farming**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **Ewing - Rural**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct 17** day **17**
year **1944** hour **7- P.M.** minute _____ M. _____
21. I hereby certify that I attended the deceased from **2 calls**
Jan 1944 19____ to **7th 1944** 19____
that I last saw her alive on **Jan 9th** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure** Duration _____
Due to **Senility, Cardio-Renal - Hypertensive Syndrome**

Other conditions **none** 31a
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **none**

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) **none**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
While at work? **none** (Specify type of place)
Means of injury **none**
23. Signature **Guillermo Caldo** (M.D. or other)
Address **Queen City Mo 2** Date signed **10-19-1944**

927 (Licensed Embalmer's Statement on Reverse Side) (Barrow, EWING MO)

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

6000

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.....

Thomas Ball

Licensed Embalmer No. *1744*

P. O. Address. *Coevng 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.