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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5586

Primary Registration District No. 1000

Registrar's No. 187

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2838 Angelique
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 1 month 12 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2838 Angelique
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Emma S. Hodler

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fred Hodler

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased November (Month) 22 (Day) 1869 (Year)

8. AGE: Years 75 | Months 2 | Days 12 | If less than one day ____ hr. ____ min.

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

10. Usual occupation at home

11. Industry or business ____

FATHER
12. Name John Schober
13. Birthplace unknown (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Mary Krebs
15. Birthplace unknown (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Mrs. John Atchison

(b) Address 2838 Angelique

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/ 22/ 45 (Month) (Day) (Year)

(c) Place: burial or cremation Powhattan, Kansas

18. (a) Signature of funeral director Heaton Bartole & Bowman

(b) Address 319 So. 10th

19. (a) 2/20/45 (Date received local registrar) (b) Helen O. Pichl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1945 hour 2 minute 07 P M.

21. I hereby certify that I ~~attended~~ Viewed the deceased from Feb, 17h, 1945, to ____, 19__;

that I last saw h____ alive on ____, 19__;

and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy none

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 ____

23. Signature B. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg Date signed 2/19/45

1877

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. W. Talbert

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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.