

FILED MAR 24 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No.

73

1. PLACE OF DEATH:

(a) County Gallatin
(b) City or town Fallon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo 3 days
(Specify whether
In this community 3 mo 3 days
years, months or days)

3. (a) PRINT FULL NAME Alva Jacob Hotsenpiller

3. (b) If veteran, name war. No. 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 Pattie Fowler Hotsenpiller 6. (c) Age of husband or wife if alive 15 1/2 years
7. Birth date of deceased. Jan 20 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation R. R. Carpenter

11. Industry or business R. R.

12. Name Elyah Hotsenpiller

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

14. Maiden name Maria Ellis

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

16. (a) Informant Pattie Fowler Hotsenpiller

(b) Address Smithton Mo

17. (a) 3-4-45 (b) Date thereof 3-4-45
(Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Hammer

(b) Address Smithton Mo

19. (a) 3-4-1945 (b) Joan M. Muehlhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Smithton
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1945 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb 15 1945 to March 4 1945
that I last saw him alive on March 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

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) (d) Means of injury

23. Signature James Thomas (M. D. or other)

Address Fallon Mo Date signed 3/4/45

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 3-23-45

MAR 29 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

A. F. Neumeyer

Licensed Embalmer No. 13912

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.