V. S. No. 2
OM—1-43
ev. 1-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8469

FILED APR 12 1946

Registration District No. 31 Primary Registration District No. 4039 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Benton,
(b) City or town Lincoln,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None,
(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 All his Life,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Lincoln
(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

3. (a) PRINT FULL NAME Henry Herman Hoehns,
3. (b) If veteran, No, name war
3. (c) Social Security No. No,
4. Sex Male
5. Color or race W,
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Minnie Hoehns,
6. (c) Age of husband or wife if alive deado years
7. Birth date of deceased Dec, (Month) 25 (Day) 1870 (Year)
8. AGE: Years 75 Months 2 Days 2 If less than one day hr. min.
9. Birthplace Lincoln Mo, (City, town, or county) Mo, (State or foreign country)
10. Usual occupation Farmer,
11. Industry or business stock raising
FATHER 12. Name Clous Henry Hohens,
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Elizebeth Kesemann,
15. Birthplace Dont know, (City, town, or county) (State or foreign country)
16. (a) Informant Henry Hoehns
(b) Address Lincoln Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 46 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Ceme- Lincoln
18. (a) Signature of funeral director C. E. Colbert
(b) Address Lincoln Mo
19. (a) Mar. 9-1946 (Date received local registrar) Lincoln (b) Pauline Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 27 day year 1946 hour 1 minute 2 a.m.
21. I hereby certify that I attended the deceased from Dec 23, 1945, to Feb 26, 1946, that I last saw him alive on Feb 26, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? No,
While at work? (Specify type of place) (e) Means of injury
23. Signature S. O. Stratton (M. D. or other)
Address Lincoln Mo Date signed 2/27-1946

(Licensed Embalmer's Statement on Reverse Side)

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

7401

RECEIVED
District Health Officer No. 7
Death File Number 3-46-379
Date Filed 4-11-46

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 E. L. Eickho

, Registered Apprentice No.

working under my personal supervision.

Signed E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.