

STANDARD CERTIFICATE OF DEATH

Registration District No. 209

Primary Registration District No. 3043

State File No. 17368

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McMaster Avenue High School
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution. _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1109 Valley St 4
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fredrick Hohner

3. (b) If veteran, name war _____ 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 Lena 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 25, 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name William Hohner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Hesse
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Hohner

(b) Address 1109 Valley St. Hannibal Mo

17. (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ewing Mo

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal Mo

19. (a) 5-4-46 (b) J. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1946 hour _____ minute 4³⁰ P. M.

21. I hereby certify that I attended the deceased in March 1946
from _____ 19 _____ to _____ 19 _____;
that I last saw him alive on March 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration Immediate

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature E. A. [Signature] Bald

Address 112 Centre St. Hannibal, Mo Date signed 5-2-46

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

16249

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..... *H. M. Donnell*.....

Licensed Embalmer No. *3889*.....

P. O. Address..... *Hannibal 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.