

FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 274 Primary Registration District No. 3-0-5-2-4408 Registrar's No. 338

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME John W. Hochus
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fidia 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Aug 21 - 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 13 hr. min.

9. Birthplace Morgan Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Hardware merchant

11. Industry or business _____

MOTHER FATHER { 12. Name J. H. Hochus
13. Birthplace Morgan Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Patge
15. Birthplace Morgan Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Hochus

(b) Address Smithton mo

17. (a) Burial (b) Date thereof 8-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton mo

18. (a) Signature of funeral director E. F. Neumeyer

(b) Address Smithton mo

19. (a) 8-12-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis Mo.
(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 Aug day 4 P
year 1946 hour 2 minute _____ M.

21. I hereby certify that I attended the deceased from July 70 to Aug 4, 1946
that I last saw him alive on Aug 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 946

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 _____ Means of injury Stroke

23. Signature Smithton (M. D. or other) m.d.

Address Smithton Date signed 8/5/46

RECEIVED
District Health Officer No. 6
District File Number.....
Date Filed 8-24-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. F. Neimyer

Licensed Embalmer No.

3912

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.