

Registration District No. 64

Primary Registration District No. 4110

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Chariton

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community whole life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Salisbury
(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 Mary Catherine Hoette

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

20. DATE OF DEATH: Month Nov day 14
year 1946 hour 6 minute A.M.

4. Sex F 5. Color or race W

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

21. I hereby certify that I attended the deceased from May 25, 1946 to Nov 14, 1946
that I last saw her alive on November 13, 1946
and that death occurred on the date and hour stated above.

(b) Name of husband or wife John Hoette

6. (c) Age of husband or wife if alive 63 years 26 (Day) 1882 (Year)

7. Birth date of deceased: Mar (Month) 26 (Day) 1882 (Year)

Immediate cause of death Carcinoma of stomach

Duration ?

8. AGE: Years 63 Months 7 Days 18 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Shoups Co Mo
(City, town, or county) (State or foreign country)

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

10. Usual occupation housewife

Major findings: 46B
Of operations _____

11. Industry or business _____

12. Name Bernhardt Bueggan

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

Of autopsy _____

14. Maiden name Margaret Henke

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

16. (a) Informant John Hoette

(b) Address Salisbury Mo

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 11 16 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cem

(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? _____

18. (a) Signature of funeral director Sup Bel Drutemys

(b) Address Salisbury Mo

While at work? _____ (Specify type of place)

(i) Means of injury _____

19. (a) 11-16-46 (b) Endeath
(Date received local registrar) (Registrar's signature)

23. Signature F L Adams (M. D. or other) MA

Address Salisbury Mo Date signed 11 16 46

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

MOTHER-FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-2-46

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury Md

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.