. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2014

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 2

80
6
4

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 1707 So. Park (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No. 1707 So. Park (If rural, give location) 4

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ida Hoehn

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ernest

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 18 (Day) 1875 (Year)

8. AGE: Years 71 Months 4 Days 14 If less than one day hr. min.

9. Birthplace St. Francis Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Rangey 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minnie
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Miss Flora Hoehn

(b) Address 1707 So. Park

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation McGee Chapel

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia

19. (a) 1-4-47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1947 hour 8:15 minute P M.

21. I hereby certify that I attended the deceased from Dec 3, 1946, to Jan 2, 1947 that I last saw her alive on January 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 46B

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J W Boger (M. D. or other) MD

Address Sedalia Mo Date signed 1-3-47

(Licensed Embalmer's Statement on Reverse Side)

251

RECEIVED
Local Health Officer No. 8,
District File Number
Date Filed 1-18-47

Jan 2

JUL 15 1947

APR 25 1950

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 K P McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.