

No. 2
M-5-43
5-17-39
1 X36671

State File No. _____

Registrar's No. 100

FILED MAR 21 1947
Registration District No. _____

Primary Registration District No. 5757

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

1. PLACE OF DEATH:

(a) County Callaway Co.

(b) City or town Portland, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XX
(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 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Callaway Co.

(c) City or town Portland, Mo. Rural
(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 Theodore Hoehstenbach,

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Mary Hoehstenbach,

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

7. Birth date of deceased Jan 30th 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 I I2 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm Hoehstenbach,

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

14. Maiden name Wilhelmina Windemeyer,

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

MOTHER FATHER

16. (a) Informant Vivian Hartman

(b) Address 1222 2nd St, MO

17. (a) Burial (b) Date thereof March 14th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethon, Cem.

18. (a) Signature of funeral director Barbara

(b) Address Americus, Mo.

19. (a) 3-13-1947 (b) Joan Mankoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th, year 1947 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan 3 1947 to Jan 12 1947 and that death occurred on the date and hour stated above

Immediate cause of death Myocarditis with Hypertension Duration _____

Due to _____

Due to _____

Other conditions Arteriosclerosis
(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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. O. Payne (M. D. or other) _____

Address 216 1/2 1st St Date signed 3/10/47

DATE FILED 3-18-47

District File Number

District Health Officer No. 9,

RECEIVED

MAR 25 1947

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.....

D. B. Baker,, Registered Apprentice No.....

working under my personal supervision.

Signed *D B Baker*

Licensed Embalmer No. 3375

P. O. Address. Americus, 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.