

FILED JUL 10 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hours
(Specify whether years, months or days) 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mi E of Seueca on 60
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katherine Hoff

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W. 6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 5 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Wiers 4

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

14. Maiden name Elizabeth Marsengarb

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

16. (a) Informant Charles Hoff

(b) Address S. Seueca

17. (a) Burial (b) Date thereof June 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seueca Catholic Cem.

18. (a) Signature of funeral director W. B. Biddlecome

(b) Address Seueca Mo

19. (a) 6-13-47 (b) Delores Tompkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1947 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 7 1947 to June 7 1947
that I last saw her alive on June 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronal hemorrhage 26 hrs
Due to Hypertension 5 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: HT
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) _____ Means of injury (i)

23. Signature H. Welber (M. D. or other) _____
Address Joplin Mo Date signed 6-9-47

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

MOTHER FATHER

49-6-550

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..... *W. E. Biddlecome*

Licensed Embalmer No. *2174*

P. O. Address *Seneca 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.