

FILED DEC 4 1947

Registration District No.

Primary Registration District No. **5423-**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Franklin**

(b) City or town **Rural-Boeuf**
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **36**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **8 miles S.W. of New Haven, Mo**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME: **FREDERICK HACOB HOELSCHER**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) ~~XXXXXX~~ married, ~~XXXX~~ married

6. (b) Name of husband or wife **Emma Hoelscher**

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **August 16th 1870**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27th**
year **1947** hour **1** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Apr. 7, 1947**, to **Nov. 27, 1947**; that I last saw him alive on **Nov. 26, 1947**; and that death occurred on the date and hour stated above.

Duration

8. AGE:

Years	Months	Days	If less than one day
77	3	11	hr. min.

Immediate cause of death
Chronic myocarditis and myocardial degeneration (Rheumatic)

Due to.....

Due to.....

9. Birthplace **Gerald Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

11. Industry or business **Farming**

12. Name **Jacob Hoelscher**

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

14. Maiden name **Louisa Vogt**

15. Birthplace **Gerald Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs. Fred J. Hoelscher**

(b) Address **New Haven, Mo. RFD**

17. (a) **Burial** (b) Date thereof **11/29/47**
(Burial, cremation, or removal) **St. John's Cem. Berger, Mo.**

(c) Place: burial or cremation.....

18. (a) Signature of funeral director **Robert Blumer**

(b) Address **Berger Mo.**

19. (a) **Nov 28-47** (b) **Juffie**
(Date received local registrar) (Registrar's signature)

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 **W. H. ...** (M. D. or other) **D. O.**

Address **New Haven, Mo.** Date signed **11/26/47**

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

MOTHER FATHER

JAN 31 1950

RECEIVED
District Health Officer No. 9,
District File Number 12-3-47
Date Filed _____

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, ~~on~~ by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Hermon B. James
Licensed Embalmer No. 528

P. O. Address Berger, 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.