

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED MAR 20 1948

Registration District No. **274** Primary Registration District No. **3052**

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

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:
213 East Second St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community four years
years, months or days)

3. (a) PRINT FULL NAME Lottie S. Hoch
3. (b) If veteran, none **3. (c) Social Security** none
 name war _____ No. _____

4. Sex Female **5. Color or** white **6. (a) Single, widowed, married,**
 race _____ divorced Widow
6. (b) Name of husband or wife W.M. Hoch, deceased **6. (c) Age of husband or wife if**
 alive *** years
7. Birth date of deceased March 21, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 17 If less than one day
 hr. _____ min. _____

9. Birthplace Dresden, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ***

MOTHER FATHER
12. Name O.R. Bentley
13. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Connors
15. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Hoch (son)
(b) Address 213 East Second St. Sedalia
17. (a) Burial **(b) Date thereof** 3/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dresden, Missouri

18. (a) Signature of funeral director Dwaine Ewing
(b) Address Sedalia, Mo.
19. (a) 3/9/48 **(b)** Betty Yeager
(Date received local registrar) (Registrar's signature)

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")
(d) Street No. 213 East Second St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 March 8

20. DATE OF DEATH: Month March day 8
 year 1948 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from Mar 3
5 P.M. 1948, to Mar 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death acute
Parenchymatous & (Don't
interstitial nephritis. (Don't
 Due to Toxic substances brought
to them by the blood.
 Due to carcinoma of the (Don't
 buccal cavity. (Don't
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations X5F
 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? _____

23. Signature M.F. Bess, M.D. **(M.D. or other)**
Address Sedalia, Mo. **Date signed** 3-8-1948
(Specify type of place) (c) Means of injury 0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-19-42

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 _____

Harold R. Dietz, Registered Apprentice No. 70
working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 2847

P. O. Address Sealahi, 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.