No. 300
10-48

19

FILED APR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9423

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Perryville Mo.
c. LENGTH OF STAY (In this place) 62y
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Perry 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Perryville Mo. 1
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Michael
b. (Middle) J.
c. (Last) Hoehn

4. DATE OF DEATH (Month) March (Day) 26 (Year) 1949

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Sept. 6 1886
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Perry Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George V. Hoehn
13b. MOTHER'S MAIDEN NAME Emma Meyer
14. NAME OF HUSBAND OR WIFE Isabell Hoehn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Harry E. Hoehn ADDRESS Perryville Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apolpexy — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Palsy — 20 years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

3 3 1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Walter A. Eggers 3 (Degree or title) Probate Judge and Acting Coroner
23b. ADDRESS Perryville, Mo.
23c. DATE SIGNED March 28, 1949.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 29 1949
24c. NAME OF CEMETERY OR CREMATORY Lutheran
24d. LOCATION (City, town, or county) Perryville Mo. (State)

DATE REC'D BY LOCAL REG. Mar 28 1949
REGISTRAR'S SIGNATURE Joe J. Zoellner 250
25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons ADDRESS Perryville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 449-499

Date Filed 4-13-49

MAY 5 1949

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.