

FILED APR 23 1949

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13026**

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>167</u>			
1. PLACE OF DEATH a. COUNTY <u>Penn</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Penn</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> d. STREET ADDRESS (If rural, give location) <u>309 N. Helm</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>42 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>309 N. Helm</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESSIE</u> b. (Middle) <u>-</u> c. (Last) <u>HOHIMER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Apr-12-1949</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>R</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Nov-20-1885</u>			
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR <u>7</u> MONTHS <u>22</u> DAYS		IF UNDER 4 HRS. <u>0</u> HOURS <u>0</u> MIN.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (State or foreign country) <u>Merdeville Mo</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>Thomas Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Burroughs</u>		14. NAME OF HUSBAND OR WIFE <u>Wm H. Hohimer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm H. Hohimer</u>			ADDRESS <u>-</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Uremia (Hypertension)</u> DUE TO (c) <u>Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>592X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 days</u> <u>10 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4-11</u> , 19 <u>49</u> , to <u>4-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-12</u> , 19 <u>49</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. C. Enock, D.D.</u> (Degree or title)				23b. ADDRESS <u>Brookfield Mo</u>			23c. DATE SIGNED <u>4-14</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr-14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>			
DATE REC'D BY LOCAL REG. <u>Apr 15 1949</u>		REGISTRAR'S SIGNATURE <u>H. B. Crum</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>Bill Funeral Home</u>		ADDRESS <u>Brookfield Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**DISTRICT HEALTH OFFICE**  
**Camden, Mo.**

**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

*J. M. Blacklock*

Licensed Embalmer No. *2376*

P. O. Address *Brookfield 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.