

No. 300
10. 48

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30945

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

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give town) Canton Canton		c. CITY (If outside corporate limits, write RURAL and give township) Canton	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 509 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) A.	c. (Last) HOHMANN	4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18, 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber	10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (State or foreign country) Canton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John C. Hohmann	13b. MOTHER'S MAIDEN NAME Louisa Hoerer	14. NAME OF HUSBAND OR WIFE Hermina Bode
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 1. 00	17. INFORMANT'S SIGNATURE OR NAME Mrs. R.A. Hohmann	ADDRESS Canton, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Calcification of colon DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 15, 1949, to Sept. 14, 1949, that I last saw the deceased alive on Sept. 10, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE W. B. Dodson (Degree or title)	23b. ADDRESS Canton, Mo.	23c. DATE SIGNED 9-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 16, 1949	24c. (NAME OF CEMETERY OR CREMATORY) Forest Grove	24d. LOCATION (City, town, or county) (State) Canton, Lewis Co., Mo.
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DATE REC'D BY LOCAL REG. 9-19-49	REGISTRAR'S SIGNATURE P. St. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE H. Puckley	ADDRESS Canton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 3 1949
District Health Officer No. 10
District File Number 10-49-169
Date Filed OCT 3 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.

Signed

Earl H. Buckley

Signed _____
Student Embalmer

Licensed Embalmer No. 2615

P. O. Address Canton, 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.