

No. 300
10-48
510

STANDARD CERTIFICATE OF DEATH

5600 State File No. 5563
Registrar's No. 26

MAR 12 1952

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. ~~5072~~ 5600

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Simpson Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Simpson Twp	
c. LENGTH OF STAY (in this place) 18 yrs		d. STREET ADDRESS (If rural, give location) R.R.#2 Warrensburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#2 Warrensburg		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1952	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Fredrick c. (Last) Hoehn			4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Jan. 21, 1865		9. AGE (In years last birthday) 87		10. ASSESSMENT OF DEATH (If under 1 year) (If under 11 hrs.) (If under 11 min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Nicholas F. Hoehn		13b. MOTHER'S MAIDEN NAME Johanna Withar	
13c. NAME OF HUSBAND OR WIFE Never married		14. NAME OF HUSBAND OR WIFE Never married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs George White Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized arteriosclerosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 years	
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) Warrensburg, Missouri	
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 Feb. 6, 1952, to Feb. 27, 1952, that I last saw the deceased alive on Feb. 24, 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Dr. J. W. ...</i>		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 2/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-1-52		24c. NAME OF CEMETERY OR CREMATORY Higginsville Cemetery	
24d. LOCATION (City, town, or county) (State) Higginsville, Missouri		24e. NAME OF CEMETERY OR CREMATORY Higginsville Cemetery		24f. LOCATION (City, town, or county) (State) Higginsville, Missouri	

DATE REC'D BY LOCAL REG. MAR. 3, 1952		REGISTRAR'S SIGNATURE <i>Savannah ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Warrensburg, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 10 1952
RECEIVED
JOHNSON COUNTY HEALTH

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 one

working under my personal supervision.

Student Embalmer No.

Signed W. A. B. Bauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.