

No. 2
M-2-43
5-17-39
X 38897

FILED OCT 9 1945

State File No. _____

Registration District No. 176

Primary Registration District No. 562054427

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Severek years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence⁵⁵

(c) City or town Miller 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margarette E. Hoehsheld

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 2
year 1945 hour 12 minute 00 p. M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Hoehsheld

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 4 - 28 - 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July - 4, 1945 to 9 - 2, 1945
that I last saw h E alive on July - 4, 1945
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>44</u> | <u>4</u> | <u>4</u> | hr. _____ min. _____ |

Immediate cause of death abscessed Pilonid

9. Birthplace Berry Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Due to _____

Due to _____

11. Industry or business _____

12. Name James Hobbs

13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

14. Maiden name Emma Sanders

15. Birthplace North Mo. 0
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 133k

Of autopsy _____

16. (a) Informant William Hoehsheld

(b) Address Miller Mo.

17. (a) Bonnie (b) Date thereof 9-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks Cemetery

PHYSICIAN

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Morris Herman

(b) Address Miller Mo.

19. (a) 9-5- (b) W. B. Beema
(Date received local registrar) (Registrar's signature)

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? _____

While at work? 0 (Specify type of place) _____
Means of injury _____

23. Signature W. B. Beema (M. D. or other) _____
Address _____ Date signed 9-4-45

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

MOTHER FATHER

1534

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

..... Registered Apprentice No.

working under my personal supervision.

Signed

L. B. Senior

Licensed Embalmer No.

3297

P. O. Address

Miller 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.