

FILED DEC 8 1944

Primary Registration District No. 3032

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days
(Specify whether
In this community 12 Yrs
years, months or days)

3. (a) PRINT FULL NAME Anna Naomi M Hodel

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Aaron Hodel 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Mar. 15 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 29 If less than one day hr. min.

9. Birthplace California Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Home

12. Name John Mutti 4
13. Birthplace Berne Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Beutter 4
15. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma Mutti
(b) Address Warrensburg Mo.
17. (a) Burial (b) Date thereof 11-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation California Mo.

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.

19. (a) Nov 15 1944 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Montserrat Twp. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Montserrat
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug - 44
1944 to 11-14-44 1944;
that I last saw him alive on 11-14-44 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 mo
Due to Coronary Artery Disease

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a PHYSICIAN
Of autopsy
Underline the cause to which death should be charged statistically.

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? (Specify type of place) (e) Means of injury
23. Signature R. F. McKerning (M. D. or other) MD
Address Warrensburg Mo. Date signed 11-15-44

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

MOTHER FATHER

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..... *J. Earl Priest*.....
Licensed Embalmer No. 3878.....
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.