

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37601

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 294
 (b) Township Prairie Primary Registration District No. 5418 Registered No. _____
 (c) City Lonedell (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Ronald Hoffman

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from 10-28-1937, to 10-30-1937
 I last saw him alive on 10-30-1937. Death is said to have occurred on the date stated above, at 12 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4, 1936

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 1 26

Date of onset 10/27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Microscopic Examine 10/27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lonedell, Mo.Other contributory causes of importance: 191213. NAME Oscar C. Hoffman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luebbering, Mo.

Name of operation Clin Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Nora McDermott16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lonedell, Mo.17. INFORMANT Oscar C. Hoffman (ADDRESS) Lonedell, Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Luebbering, Mo. DATE Nov. 1, 1937

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR Casey & Co. (ADDRESS) St. Clair, Mo.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. B. [Signature], M. D.

20. FILED Nov. 5, 1937 W. B. Duckworth Local Registrar.(Address) St. Clair, Mo.

STATEMENT BY LICENSED EMBALMER

I, K.M. Lenox Licensed Embalmer No. 3601

hereby certify that the body recorded on the reverse side of this certificate was embalmed by K.M. Lenox

 L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed K.M. Lenox

Licensed Embalmer No. 3601-Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)