

REC'D APR 23 1938

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

9507  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kear Primary Registration District No. 1007

(c) City Kansas City (d) Street No. 12 Cedar Registered No. 372 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Urbie Hoffmann 155-

(a) Residence, No. 709 Washington St.  (If nonresident, give city or town and State)

(Usual place if abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE w.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 / 88

7. AGE YEARS 55 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jexas

FATHER

13. NAME Henny Hoffmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jexas

MOTHER

15. MAIDEN NAME Minnie Span

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Reina De Maria

18. BURIAL, CREMATION, OR REMOVAL Field's Ch. DATE 3-7-38

19. FUNERAL DIRECTOR (ADDRESS) Quick-Funery 20 N. Howard

20. FILED Feb 2 1938 Dr. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-2 38 to 2-23 1938

I last saw him alive on 2-23 1938 Death is said to have occurred on the date stated above, at 10:27 am

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

Bilateral Pulmo-  
nary Tuberculosis

Other contributory causes of importance: 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) G. E. De Maria M. D.

(Address) 12 Cedar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**