LESE NOV 14 1938

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

35485
Do not use this space.

1. PLACE OF DEATH
(a) County Cole
(b) Township Clarks
(c) City Bretts Fm (d) Street No. Highway 54 2 miles South of Bagnell St.
Registration District No. 212
Primary Registration District No. 5-292 Registered No. 42
(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 MICHAEL HOFFMAN
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Elosie Hoffman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1905
7. AGE: Years 31 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeburg Mo.

FATHER
13. NAME John Hoffman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richfountain Mo

MOTHER
15. MAIDEN NAME Jenny Hoffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Mo

17. INFORMANT (ADDRESS) John Hoffman Freeburg, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Freeburg Mo DATE Oct 13 1938
19. FUNERAL DIRECTOR (ADDRESS) Brantley Funeral Home Jefferson City, Mo
20. FILED Oct 13 1938 Mrs T. L. Colborn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, 19
I last saw him alive on 19, 19 Death is said to have occurred on the date stated above, at 10:50 a.m.
The principal cause of death and related causes of importance were as follows:

Coroner's Case

Instantly killed in a wreck of a Truck

Date of onset

Other contributory causes of importance:
a — none —
b

Name of operation — none — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10-10 1938
Where did injury occur? on Highway 54, 15 M. S. of Jefferson City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In public place
Manner of injury Wreck of Truck
Nature of injury Head Crushed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank J. Nichols Coroner M. D.
(Address) Centertown Mo. Cole County
1942

(Licensed Embalmer's Statement on Reverse Side)

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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2/2012

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher, Licensed Embalmer No. 3701

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

35-485

Do not use this space.

1. PLACE OF DEATH
   (a) County Cole — Registration District No. 212
   (b) Township Clark — Primary Registration District No. 5292 — Registered No. 12
   (c) City ..... (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 Michael Hoffman
   (a) Residence, No. ..... St. ☐ .....
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	m

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	1	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 .....

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

FATHER
13. NAME .....
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED ....., 19.... .....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Instantly killed in a wreck of a truck
Non Collision Truck overturned ~~turning~~ a sharp corner.

Date of onset

Other contributory causes of importance: .....

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Wreck of truck
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Frank J. Nichols, Co
(Address) Centertown Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.