

JAN 16 1938

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

43311
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 398
 (b) Township Blue Primary Registration District No. 3019 Registered No. 354
 (c) City Independence 1 (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 Mrs Mattie Hoffman

(a) Residence, No. 220 1/2 W Lexington 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

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1853

7. AGE YEARS 83 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeping
 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) Bermentown Ohio 1

FATHER 13. NAME John B. Stoute
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey 1

MOTHER 15. MAIDEN NAME Hannett Baker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

17. INFORMANT (ADDRESS) Pauline Hopkins 719 Kennesaw Birm, Mich

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE Dec 24 1938

19. FUNERAL DIRECTOR (ADDRESS) W. J. Mitchell Independence, Mo.

20. FILED 12-24-1938 F. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-20-38 19____ to 12-22 1938
 I last saw her alive on 12-22-38 19____. Death is said to have occurred on the date stated above, at 11:55 A.M.

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

Stroke (M) Date of onset 2 days
Myocardial Degeneration
 Other contributory causes of importance: 108

Name of operation none Date of _____
 What test confirmed diagnosis? Cerebral Was there an autopsy? no

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) W. J. Mitchell of _____, M. D.
 (Address) Independence, Mo.

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.

5016-7-25-37 I X12004

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.)