

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2108

Registration District No. 201

Primary Registration District No. 3013

Registrar's No. 8

1. PLACE OF DEATH:

(a) County CLAY **FILED FEB 13 1940**
(b) City or town RURAL, LIBERTY MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. HOME 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME ELIZABETH HOFFMAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG. 11 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>5</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name ISSAC WYATT
18. Birthplace KY (City, town, or county) (State or foreign country)
14. Maiden name MAHALA BLACK
15. Birthplace KY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature I.O.O.F. RECORDS
(b) Address LIBERTY MO.

17. (a) ST. BERNARD (b) Date thereof I-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. JOSEPH MO.

18. (a) Signature of funeral director HESSEL-CARDER
(b) Address LIBERTY MO.

19. (a) I-29-40 (b) W. Shyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1940 hour 5 Date 75 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension

Due to Myocardial Insufficiency

Due to _____

Other conditions Age 84
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

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) _____ means of injury _____

23. Signature J. H. Matthews (M. D. or other) _____
Address Liberty Mo Date signed 2/9/40

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.

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

Wm. Hessel

Licensed Embalmer No. *2509*

P. O. Address *Liberty 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, above space should be left blank.