

MAY 13 1940 85  
Registration District No.

Primary Registration District No. 5127

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town RURAL Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route # 5, 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Dec. 5, 1939  
(Specify whether  
In this community  
years, months or days) 115

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town "Rural" Washington  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route # 5  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7  
year 1940 hour 12 minute A M.  
21. I hereby certify that I viewed the deceased from 4-7-40  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw h. viewed \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

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)  
(e) Means of injury \_\_\_\_\_

23. Signature P. D. Tuley (M. D. or other) \_\_\_\_\_

Address King Hill Bldg Date signed 4/8/40

8. (a) PRINT FULL NAME Henry Hoefling

3. (b) If veteran, name war ✓ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Louisa Hoefling 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 2, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retire Farmer

11. Industry or business \_\_\_\_\_

12. Name Frank G. Hoefling

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Catherine Vonderheist

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Hoefling

(b) Address Route # 5, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Mrs. E. B. Sienfaden

(b) Address 602 South 10th Street

19. (a) April 9, 1940 (b) H. J. Nestle  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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, & by.....

Mollie Sidenfaden

Registered Apprentice No. 145

working under my personal supervision.

Signed.....

*R. Vernon West*

Licensed Embalmer No. 3876

P. O. Address St. Joseph 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.