

No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21855

Registration District No. 5791 JUL 17 1940 Primary Registration District No. 5510 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Rural - Tyler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community _____
years, months or days) 173

3. (a) PRINT FULL NAME Peter Hofsteter
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Feb 3 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name John Hofsteter

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

14. Maiden name Catherine Sellen
15. Birthplace Utah
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Hofsteter
(b) Address Wheatland Mo

17. (a) buried (b) Date thereof 6/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Layman Cem

18. (a) Signature of funeral director W. L. Lueker
(b) Address Wheatland Mo.

19. (a) 6/22/40 (b) W. E. Brenner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Hickory
(c) City or town Rural - Tyler
(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 June day 14 P
year 1940 hour 8 minute 00 M.

21. I hereby certify that I attended the deceased from June 4
1940 to June 12, 1940
that I last saw him alive on June 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis
Enlarged Prostate
Cystitis

Due to _____

Due to uremia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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?
327 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. E. Brenner (M. D. or other) MD
Address Hermanville Mo Date signed 6-22-40

Duration
no. 8 years

2 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

R.F.C.F. 1
District File Number D-40-10611
Date Filed 7-16-40

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 JR Luckey
Licensed Embalmer No. 2989
P. O. Address Wheatland

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.