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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

NOV 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Kelly

35118

State File No.

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day. (Specify whether
In this community 52 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Schubert.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 52 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd
year _____ hour 7:15 minute am. M.
21. I hereby certify that I attended the deceased from Oct 21st
_____, 19____, to Oct 23rd, 1940.
that I last saw her alive on 7:15 am Oct 23rd, 1940.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Atherosclerosis
Due to g. n.
Other conditions (Include pregnancy within 3 months of death)

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

Major findings:
Of operations
Of autopsy

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?

(Specify type of case)
While at work (a) Means of injury
23. Signature Thomas G. Kelly (M.D. or other)
Address Jefferson City Date signed Oct 25

3. (a) PRINT FULL NAME Mrs. Frieda Hoffmeyer

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 Widowed

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

7. Birth date of deceased January 20, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 3 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hecter Schopfer

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

14. Maiden name Anna Allenspach

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

16. (a) Informant Miss Frieda Hoffmeyer

(b) Address Schubert, Missouri

17. (a) Burial (b) Date thereof Oct. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taos, Mo.

18. (a) Signature of funeral director Geo. J. Heinrich

(b) Address Jefferson City, Mo.

19. (a) 10/26/40 (b) Dr. Kelly
(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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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, fact should be so stated above.