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

FILED NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35673

Registration District No. 460 Primary Registration District No. 4274 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Higginsville. Mo.
(If outside city or town limits, write "RURAL")

0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Herman Hoefer

3. (b) If veteran, name war

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harriette (Mapes) Hoefer

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June- 10-1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	2	27	hr. min.

9. Birthplace Higginsville. MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Banker 6

11. Industry or business 0

FATHER
12. Name Charley Henry Hoefer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lewine Sophia Hackman
15. Birthplace Warren County. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank H Hoefer
(b) Address Higginsville, Mo.

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

(c) Place: burial or cremation Higginsville. Mo.

18. (a) Signature of funeral director Hoefer Meinershager
(b) Address Higginsville. MO. DeHoefer

19. (a) 11-2-1940 (Date received local registrar) (b) Tiffany Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1940 6 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from May 11, 1940, to Sept 7, 1940;
that I last saw him alive on May 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	7 days.
Carcinoma of Urinary	8 mos.
Bladder c̄ ~~[illegible]~~ blocking	
of both ureters by extension	
Due to	
Other conditions (Include pregnancy within 3 months of death) 51	

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?
413
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. T. Jessell M.D. (M. D. or other)
Address Higginsville Mo Date signed Sept 8 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-14-40

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 Roy F. Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.