S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41263

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4656

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community Over 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3511 Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Michael H. Hofmann
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: February (Month) 25 (Day) 1872 (Year)
8. AGE: Years 68 | Months 9 | Days 10 | If less than one day ____ hr. ____ min.
9. Birthplace: Leavenworth (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Retired Employee
11. Industry or business: Emery, Bird, Thayer
MOTHER FATHER
12. Name: Michael Hofmann
13. Birthplace: (City, town, or county) Germany (State or foreign country)
14. Maiden name: Johanna Bock
15. Birthplace: (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. Anna H. Seaman
(b) Address: 3511 Locust
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 9-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 12-7-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th year 1940 hour 8 minute 40 P. M.
21. I hereby certify that I attended the deceased from 12-5, 1940, to 12-5, 1940, that I last saw him alive on 12-6, 1940, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary thrombosis
Congestive heart failure
Due to: Hypertension
Arteriosclerosis
Due to:
Other conditions: (Include pregnancy within 3 months of death) 4 4 18

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Fred V. Black (M. D. or other)
Address: 924 Rialto Bldg KC Mo Date signed 12-6-40

(Licensed Embalmer's Statement on Reverse Side)

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 A. R. Hauschild

Licensed Embalmer No. 4157

P. O. Address K. C. 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.