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FILED APR 21 1941

State File No. _____

Registration District No. 561

Primary Registration District No. 5755

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Müller

(b) City, or town Eldon Saline

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township) &

(d) Length of stay: In hospital or institution 1 (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Müller ⁶⁶

(c) City, or town Eldon Saline ⁶⁶
(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.? _____ years.

3. (a) PRINT FULL NAME JAMES ROBERT HOFF

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1st, 1941, to March 25, 1941; that I last saw him alive on March 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Duration 10 days

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sarah Jane

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Nov. 2 1863
(Month) (Day) (Year)

Due to Obstruction of Prostate Gland 3 wks

Due to Chronic Cystitis 4 yrs
obstruction neck of Bladder

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

Major findings: _____
Of operations 10/0

Of autopsy none

8. AGE: Years Months Days If less than one day

27 4 23 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James S. Hoff

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

14. Maiden name Sarah Simpson

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah J. Hoff

(b) Address Eldon, Mo.

17. (a) Burial (b) Date thereof 3-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Mo.

19. (a) 3-26-1941 (b) Beela Hargnes
(Date received local registrar) (Registrar's signature)

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? 4/95
(Specify type of place) _____

While at work? _____ (c) Means of injury _____

23. Signature E. L. Shelton M.D. (M. D. or other) 11/

Address Eldon Mo Date signed 3-26-41

RECEIVED
Miller County Health Dept.
County File Number. 41-44
Date Filed _____

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 _____

Louis D. Phillips, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3662

P. O. Address _____

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, fact should be so stated above.