

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

16482
Do not use this space.

1. PLACE OF DEATH

(a) County Pattis Registration District No. 668
 (b) Township Hughesville Primary Registration District No. 5887 Registered No. 137-138
 (c) City _____ (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Emma Johanna Hoffmann
Hughesville, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20 1886

7. AGE YEARS 55 MONTHS _____ DAYS 1 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo.

FATHER 13. NAME Henry Hoffman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo.

MOTHER 15. MAIDEN NAME Frieda Budde
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hollan Mo.

17. INFORMANT (ADDRESS) W. Hoffmann
Hughesville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Houstonia DATE 23

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wentbrook
Houstonia

20. FILED Apr 22, 1941, by Mrs. Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1941, to 4-21, 1941. I last saw her alive on Apr 20, 1941. Death is said to have occurred on the date stated above, at 8:15A m.

The principal cause of death and related causes of importance were as follows:

myocarditis with influenza

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) W. J. Bishop, M. D.
Sebastian (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

RECEIVED
District Health Officer No. 8
District File Number
Filed 5-12-41

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

H. W. Smiley

Licensed Embalmer No. 3987

P. O. Address Houston

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.