

2
3-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18798
State File No. _____
Registrar's No. 110

Registration District No. 735

Primary Registration District No. 3034

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
115 Kirby
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 115 Kirby 3
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1941 hour _____ minute 10 a.m.
21. I hereby certify that I attended the deceased from May 29 to May 10, 1941;
that I last saw her alive on May 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac dilatation - may 8/41
from arterial hypertension - yrs.

Due to _____
Other conditions: Chronic nephritis - yrs
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: ZIP
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) no
(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? _____
While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Moberly, Mo. Date signed 5/11/41

3. (a) PRINT FULL NAME Charlotte Elizabeth Helen Hoff

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, married
6. (b) Name of husband or wife Elmer A Hoff 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 16th 1901 (Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Robert Seyforth

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

14. Maiden name Catherine Platner

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

16. (a) Informant Elmer A Hoff

(b) Address Moberly, Mo.

17. (a) Removal (b) Date thereof May 12th 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis, Mo

18. (a) Signature of funeral director Moham and Son
(b) Address Moberly Mo

19. (a) May 12th -40 (b) Peak Kuhlman (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-41-1084

Date Filed JUN 12 1941

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.....

Frank B De Witt

Licensed Embalmer No. 3071

P. O. Address.....

Mobily

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.