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JUL 7 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20743**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2273**

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

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:  
**3910 Forest**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **55 yrs**  
years, months or days

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. **3910 Forest**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. **55** years.

3. (a) PRINT FULL NAME **Harry Hoffman**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W**

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

6. (b) Name of husband or wife **Esther**

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

7. Birth date of deceased **UNKNOWN**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **—** Days **—** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Produce Dealer**

MOTHER FATHER

12. Name **Wm Hoffman**

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

14. Maiden name **Faulstich**

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

16. (a) Informant **Lewis Hoffman**

(b) Address **K.C. Mo**

17. (a) **Burial** (b) Date thereof **6-15-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Carmel Cem**

18. (a) Signature of funeral director **J.P. Lewis General**

(b) Address **K.C. Mo**

19. (a) **6/14/41** (b) **M. M. Corow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14** year **1941** hour **8** minute **A** M.

21. I hereby certify that I attended the deceased from **Jan 1** 19**30** to **June 14** 19**41**; that I last saw him alive on **June 13** 19**41** and that death occurred on the **14** day and hour stated above.

Immediate cause of death **Generalized arterio-sclerosis 11 yrs**

Due to **gradual exhaustion 2 wks**

Due to **97**

Other conditions (include pregnancy within 3 months of death) **97**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_

(Specify means of injury) \_\_\_\_\_

23. Signature **W. Morris Swoboda** (M. D. or other) **MD**

Address **420 Prof Bldg** Date signed **6-14-41**

**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 Bert Legan

Licensed Embalmer No. 3979

P. O. Address Kansas City

**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.**