

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37514

DEC 22 1941

Registration District No. 355

Primary Registration District No. 1002

State File No.

Registrar's No. 4309

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

1. PLACE OF DEATH: Jackson
 (a) County: Kansas City
 (b) City or town: Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number and city)
 (d) Length of stay: In hospital or institution. 29 days
 (Specify whether years, months or days)
 In this community 52 years

3. (a) PRINT FULL NAME: FRITZ HOFFMAN

3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lulu Hoffman
6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: November 2, 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	0	18	hr. min.

9. Birthplace: Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Painter & Paper Hanger

11. Industry or business: Painter & Paper Hanger

12. Name: William Hoffman

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

14. Maiden name: Pauline Dietz

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

16. (a) Informant: Mrs. Lulu Hoffman

(b) Address: 929 Paseo

17. (a) Burial (b) Date thereof: 11-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Missouri

19. (a) 11-21-41 (b) M.M. Cronin
(Date received local registrar) (Registrar's signature)

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")
 929 Paseo
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. 20th
year: 1941 hour: 8 minute: 30 A. M.

21. I hereby certify that I attended the deceased from 10-22-41, 19, to 11-20-41, 19, that I last saw him alive on 11-20-41, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of liver with ascites following an acute toxic hepatitis; portal obstruction - partial.

Due to: 124 B

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

Major findings: Of operations: None
 Of autopsy: None
 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?.....

While at work? (Specify type of place) (e) Means of injury: O

23. Signature: Henry R. Thom (M. D. or other) Med. Dir. K.C. Gen. Hospital

Address: Date signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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: