

FILED FEB 11 1942

Registration District No. 899

Primary Registration District No. 1002

Registrar's No. 102

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: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community One year _____ (Specify whether
 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. 1117 Scarritt
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT

FULL NAME Laura Mariann Hoffman

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Chas P Hoffman 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept 2 1855
 (Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Shankweiler
 13. Birthplace Pennsylvania /
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Walbert
 15. Birthplace Penn. /
 (City, town, or county) (State or foreign country)

16. (a) Informant Mabel Hoffman

(b) Address 1117 Scarritt

17. (a) Removal (b) Date thereof 1-9-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bathlehem, Pa.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd

19. (a) 1-9-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
 year 1942 hour 10:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from November 28, 1941, to Jan 8, 1942
 that I last saw him alive on Jan 8, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac De-compensation Duration 2 Months
Chronic Mitral Valvular Disease 1 year

Due to _____ 92 B
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline
 (the cause to
 which death
 should be
 charged sta-
 tistically.)

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

23. Signature C. W. Rose (M. D. or other) M. D.
 Address 108 R. Edwards Date signed 1-8-42

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

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.....

B. H. Blackwood

Licensed Embalmer No.....

2244

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.