S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1942

Registration District No. 126

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5174

State File No. 6181

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Hubble Twnsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R. F. D. #1 Gordonville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 31 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #1 Gordonville, Mo 10
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Theodore Hoffman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ricka Noltensmeyer

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August (Month) 13 (Day) 1861 (Year)

8. AGE: Years 80 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Daniel Hoffman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Minnie Hoelmer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Ricka Hoffman
(b) Address R. F. D. #1 Gordonville, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 22 (Day) 1942 (Year)
(c) Place: burial or cremation Zion Methodist Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.

19. (a) 1-22-42 (Date received local registrar) (b) A. H. Macke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1942 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 1941
March 10th, 1941, to Jan 19, 1942
that I last saw him alive on Jan 9th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 4 days

Due to high arterial tension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a

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)
(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 W. W. Davanet (M. D. or other) MD
Address Allenville Mo. Date signed 1-21-42

1138

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 242-232
Date Filed 1-12-42

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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Cape Girardeau Mo.

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.