

No. 2
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5-17-39
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8002

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 13 1942
Registration District No. 802

Primary Registration District No. 4503/1000

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Clarence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence
(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 Mo (b) County Shelby

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

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Albert Hoffmann

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 Mary 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August 5, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>7</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Murphy Cut Cost Feed Co.

MOTHER FATHER { 12. Name Albert Hoffman

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

14. Maiden name Wilhemina

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

16. (a) Informant Mrs. Albert Hoffman

(b) Address Clarence Missouri

17. (a) Burial (b) Date thereof 2/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director [Signature]

(b) Address 202 Broadway Hannibal

19. (a) Feb 23 42 (b) Mary Good
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1942 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 28 1941 to Feb 12 1942
that I last saw him alive on Feb 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 8 hours

Due to _____

Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature D. L. Harlan (M. D. or other) MD
Address Clarence Mo Date signed Feb 1 1942

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1948

RECEIVED

District Health Officer No. 10

District File Number 10-42-320

Date Filed MAR 10 1942

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 James A Molea

Licensed Embalmer No.....3296.....

P. O. Address.....Hannibal Missouri.....

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.