

FILED JUN 19 1942

Registration District No. _____

Primary Registration District No. 2022

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1924 N. Park;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1924 N. Park;
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Lealand C. Hoffman;

3. (b) If veteran, name war No

3. (c) Social Security No. 50-01-0343

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 1942;
year _____ hour 1-45 A.M. minute _____ M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Gretchal Hoffman

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased: Jan. 1, 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 16 1938 to May 26 1942
that I last saw him alive on May 25 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

33 4 25 0 hr. min.

Immediate cause of death Chronic Myocarditis

Duration 6 yrs.

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

Due to Infected Tonsils and Diphtheria when a child.

Due to _____

10. Usual occupation _____

Other conditions (Include pregnancy within 3 months of death) 938

11. Industry or business _____

Major findings: Of operations None

12. Name Lealand Roy Hoffman;

Of autopsy None

13. Birthplace Columbus Kansas;
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Tracy Davis;

15. Birthplace Elkton S. Dakota;
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Hoffman

(b) Address 1924 N. Park Ave; Joplin Mo;

17. (a) Burial (b) Date thereof 5-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hurlbut Und. Co;

(b) Address Joplin Mo.;

19. (a) 5-27-42 (b) Gretchal Sudholter
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature [Signature] (M. D. or other) _____
Address Joplin Date signed 5/27/42

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

49
33
10000

49
3
1

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 Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Goplin, 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.