

Registration District No. 431

Primary Registration District No. 5595

Registrar's No. 61

1. PLACE OF DEATH

(a) County Johnson County

(b) City or town Rural

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson

(c) City or town Rural 11-Miles S.W. Concordia
(If outside city or town limit, write "RURAL")

(d) Street No. Simpson Township (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EMMA D. HOFFMAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 9, 1941 to May 19, 1942 that I last saw her alive on May 19, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife LLOYD HOFFMAN

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

7. Birth date of deceased Jan 11 1856
(Month) (Day) (Year)

Immediate cause of death Colitis

Due to Intestinal influenza 6 days

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

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

10. Usual occupation Housework

Due to _____

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

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name William Dobson

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

14. Maiden name Margaretta Stancil

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

16. (a) Informant Forest Hoffman

(b) Address Concordia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director A. J. Dunsen

(b) Address Concordia Mo.

19. (a) May 20 1942 (Date received local registrar) (b) Leola M. Williams (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) (e) Means of injury _____

23. Signature E. L. Johnston (M. D. or other) _____

Address Concordia Date signed 5-20-42

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

51
0
8

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-42

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, or by.....

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

working under my personal supervision.

Signed W. R. Evers

Licensed Embalmer No. 3070

P. O. Address Wellington MD

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, above space should be left blank.