

FILED JUL 17 1942
125
Registration District No. _____

Primary Registration District No. 3009

State File No. _____

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: South East Mo Hospital
(d) Length of stay: In hospital or institution. 4 hrs.
In this community 4 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Jackson
(d) Street No. Rural - 5 miles North
(e) Citizen of foreign country? 1

3. (a) PRINT FULL NAME

Unnamed Baby Hoffman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 28 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 24 hr. _____ min.

9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Archie Hoffman
13. Birthplace Cape Girardeau Missouri
14. Maiden name Mary Sue Vinyard
15. Birthplace Jackson Missouri

16. (a) Informant Archie Hoffman
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof July 1 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Maekle Wilson Howard
(b) Address Jackson Mo

19. (a) 7-2-42 (b) F. O. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 42 hour 3 - minute 45 AM.

21. I hereby certify that I attended the deceased from 6-28
1942 to 6-29 1942
that I last saw her alive on 6-28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature infant
Due to Force delivery
Due to Eclampsia with convulsions
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 159
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Alberton Keler (M. D. or other) _____
Address Jackson Date signed 6-30-42

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

16
4

1014

RECEIVED

District Health Officer No. 4
District File Number 742-95
Date Filed 7-15-42

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 Glen Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.