

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Hrs.  
In this community 60 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3217 Cleveland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

John Hoffman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 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 May 29 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace No Record Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Retired

12. Name Frederick J. Hoffman

13. Birthplace No Record Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hechtman

15. Birthplace No Record Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguertha Shouse

(b) Address 3912 Maxwell Ave.

17. (a) Burial (b) Date thereof 7-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Ed. Dir. K.C. Gen. Hospital

(b) Address 1001 Clatha Blvd. K.C. Mo.

19. (a) 7-20-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th year 1942 hour \_\_\_\_\_ minute 12 Noon M.

21. I hereby certify that I attended the deceased from 7-18-42 19\_\_\_\_, to 7-18-42 19\_\_\_\_; that I last saw him alive on 7-18-42 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Right lobar pneumonia; right hemothorax  
Coronary sclerosis; abscess thoracic wall

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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) (c) Means of injury \_\_\_\_\_

23. Signature Dr. R. Shouse (M. D. or other) 0  
Address Ed. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed \_\_\_\_\_

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

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

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**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..... *Jimmy S. Hucksow*.....  
Licensed Embalmer No. *4092*.....  
P. O. Address *Wanna City, Kansas*.....

**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.**