

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41559

FILED JAN - 8 1943 74
Registration District No. 274

Primary Registration District No. 3052

State File No. _____
Registrar's No. 409

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 901 S Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Yrs.
In this community 60 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 901 S Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Elinor Dimmitt Hoffman

MEDICAL CERTIFICATION

3. (b) If veteran; name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Dec. day 18
year 1942 hour 7:45 minute 15 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

21. I hereby certify that I attended the deceased from Dec 15 1942 to Dec 18 1942
that I last saw him alive on Dec 18 1942
and that death occurred on the date and hour stated above.

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

Immediate cause of death Coronary Thrombosis lada
Duration _____

7. Birth date of deceased Aug 23 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 3 25 _____ hr. _____ min.

Due to _____
Due to 94a
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Kokomo Indiana
(City, town, or County) (State or foreign country)

10. Usual occupation At Home

11. Industry or business William Dimmitt

12. Name _____

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

14. Maiden name Margaret Long

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

16. (a) Informant Judge Dimmitt Hoffman
(b) Address Sedalia Mo.

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

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.

19. (a) 12/21/42 (Date received local registrar) (b) Miss Anna Berger (Registrar's signature)

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 A. L. Walter (M.D. or other) M.D.
Address Sedalia Mo Date signed 12-21-42

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

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-6-43

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.....

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address.....

Sedalia 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.