

Registration District No. **FILED MAR 25 1943 9**

Primary Registration District No. **100**

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

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:
Devine's Bros. 918 Oak St. (Clinic)
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **6 wks**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Julius R. Hoffman**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **wht**

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

6. (b) Name of husband or wife **Elizabeth**

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

7. Birth date of deceased **Oct. 5 1875**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **25** hr. **14** min.

If less than one day

9. Birthplace **unknown** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miller**

11. Industry or business **retired**

MOTHER FATHER

12. Name **William Hoffman**

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

14. Maiden name **Bertha Shoultz**

15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Hoffman**

(b) Address **918 Oak, Neb.**

17. (a) **removal** (b) Date thereof **3-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak, Nebraska**

18. (a) Signature of funeral director **J. A. Tuttle**

(b) Address **Kansas City, Kansas**

19. (a) **3/20/43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **449**

(a) State **Nebraska** (b) County **25**

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

(d) Street No. **3**
(If rural, give location)

(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19** year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Feb 4th 43** to **March 19 1943** that I last saw him alive on **Mar 19th 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure**

Due to **Chronic Myocarditis**

Due to **Arteriosclerosis**

Other conditions **gout**
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: **Endocarditic Process**

Of operations _____

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? _____
(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 **2**

23. Signature **J. A. Tuttle** (M. D. or other) _____
Address _____ Date signed _____

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..... *A. F. Johnson*

Licensed Embalmer No.....

P. O. Address *Kansas City, 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.