

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

S. No. 2
M-5-42
V-5-17-39
X32873

FILED MAY 14 1943

Registration District No. 611249 Primary Registration District No. 6842 Registrar's No.

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town RACINE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

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

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME CHARLES Hoffmann

(b) If veteran, name war NONE

(c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16 year 1943 hour 6:10 minute a.

21. I hereby certify that I attended the deceased from Apr 1 1943, to Apr 16 1943

that I last saw h..... alive on Apr 1, 1943 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

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

7. Birth date of deceased NOVEMBER 1 1853
(Month) (Day) (Year)

Immediate cause of death Inflammation + Enlarged Prostatic gland

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

89 .5 15 hr. min.

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

10. Usual occupation FARMER

11. Industry or business.....

12. Name Joseph Hoffmann

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

14. Maiden name THERESTA SORR

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Francis Hoffmann
(b) Address Racine, Missouri

17. (a) Burial (b) Date thereof: 4-19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Worley Thompson
(b) Address Neosho, Missouri

19. (a) 4-30-43 (b) W. R. Bennett
(Date received local registrar) (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? None
(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 W C Barnard (M. D. or other).....

Address Seneca Date signed 4-25-43

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

MOTHER FATHER

Date Received
File no. 548-87

MAY 5 1943

MAY 11 1943

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.....

.....*Noah H Johnson*....., Registered Apprentice No. *340*
working under my personal supervision.

Signed.....*Corley Thompson*.....

Licensed Embalmer No. *3259*

P. O. Address.....*Neosho 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.