

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

FILED JUL 10 1943
Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County CALLAWAY

(b) City or town FULTON

(c) Name of hospital or institution:
318 W. 7th St
(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 CALLAWAY

(c) City or town FULTON 14
(If outside city or town limits, write "RURAL")

(d) Street No. 318 W. 7th St. 1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Kitty HOFFMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race Whites

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

6. (b) Name of husband or wife THOMAS HOFFMAN

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

7. Birth date of deceased JAN 13 1854
(Month) (Day) (Year)

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

<u>89</u>	<u>4</u>	<u>19</u>	hr. min.
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9. Birthplace MONTGOMERY Co. MOO
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name SAMUEL HUDNALL

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

14. Maiden name JULIA ANN HEWITT

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

16. (a) Informant MRS J.A. MALAND

(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof JUNE 8 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MONTGOMERY City, MO

18. (a) Signature of funeral director [Signature]

(b) Address 712 Camp St. Fulton, Mo

19. (a) 6-8-1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1943 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 5th, 1942, to June 5th, 1943
that I last saw her alive on June 4th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Scirrhous Carcinoma of both mammary glands

Duration 6yrs.

Due to _____

Due to _____

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

50

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
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 _____

23. Signature D.A. Scissors (M.D. or other) [Signature]

Address Fulton, MO. Date signed 6/6/43

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.....

Glen Y. Mansin

Licensed Embalmer No.....

2725

P. O. Address.....

Fulton, 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.