

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21628

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 333

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community years, months or days) lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 704 W. 13th St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME David Lee Hoffington

3. (b) If veteran, name war No

3. (c) Social Security No. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1943 hour 2 minute 30 a M.

21. I hereby certify that I attended the deceased from 12-24-42
1942, to 6-13-43 1943,
that I last saw him alive on 6-12 1943,
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased: Dec 18 1942
(Month) (Day) (Year)

Immediate cause of death: Hydrocephalus

Due to meningitis 9/42

Due to Oct. 1942

Other conditions: 1570
(Include pregnancy within 3 months of death)

8. AGE: Years 1 Months 5 Days 25
If less than one day 0 hr. 0 min.

9. Birthplace: Joplin MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Infant

11. Industry of Business: 0

12. Name of father: Jess D Hoffington

13. Birthplace: Enola Ark
(City, town, or county) (State or foreign country)

14. Maiden name of mother: Granith Royard

15. Birthplace: Whiting Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant: Jess D Hoffington

(b) Address: 704 W. 13th St

17. (a) Burial, cremation, or removal: 0

(b) Date thereof: 6-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Ozark Memorial

18. (a) Signature of funeral director: Johannille Bellon

(b) Address: 4th & W. 2nd St

19. (a) 6-14-43 (b) Elstine Sudhalter
(Date received local registrar) (Registrar's signature)

Major findings: Addhesions of the meninges

Of operations: 0

Of autopsy: 0

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? (City or town) (County) (State) 0

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? (Specify type of place) 0

(e) Means of injury 0

23. Signature: J. L. Fisher (Physician or other)

Address: Joplin Date signed: 6/14/43

Duration 6 mo.

PHYSICIAN 0

Underline the cause to which death should be charged statistically.

1204 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

5429

5429

5429

43-6-508

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

Don Petrick

Licensed Embalmer No.

4008

P. O. Address

Joplin 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 licensc.)

If this body is not embalmed, fact should be so stated above.