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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23891

State File No.

FILED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3273

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 811 Elmwood
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nannie Hoffman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased 4 (Month) 19 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	3	8	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Adams
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Talley
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Hosp. Records.
(b) Address K.C. Mo.

17. (a) Butler (Burial, cremation, or removal) (b) Date thereof 7-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill Cem.

18. (a) Signature of funeral director Oliver Funeral Sec
(b) Address 210 N Main Butler

19. (a) 7-27-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 12, 1943, to July 27, 1943, that I last saw her alive on July 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Luetic heart disease	
fracture left hip due to	
Due to accidental fall in home 7.9.43	
Due to 1860	
Other conditions 18 (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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) Accident

(b) Date of occurrence July 9, 1943, 123

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury accidental fall

23. Signature Sherry R. Thom (M. D. or other)

Address KC General Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Hatten G. Culver, Registered Apprentice No. 3069 working under my personal supervision.

Signed Hatten G. Culver

Licensed Embalmer No. 3069

P. O. Address

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.