

No. 2
-2-43
5-17-43
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25144 ✓

State File No. _____

FILED JUL 24 1943

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
930 Home Care, Inc.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 930 Home
(If rural, give location)

(e) Citizen of foreign country: no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME Kathleen Z. Hoffman

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

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 2: minute A.M.

21. I hereby certify that I attended the deceased from Aug 31
1942, 1942 to June 4, 1943
that I last saw her alive on June 3, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Albert C. Hoffman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 20 1870
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of sigmoid colon

Due to _____

Due to H/O

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

8. AGE: Years 72 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace St. Paul Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Daniel Zehner

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

14. Maiden name Mary Roland

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

16. (a) Informant Zehner a. Hoffman
(b) Address 930 Home

17. (a) burial (b) Date thereof June 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, MO.

19. (a) 6-4-43 (b) James W. Cross
(Data received local registrar) (Registrar's signature)

Major findings: Carcinoma of sigmoid colon - inoperable.

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) Means of injury _____

23. Signature G. W. Bailey (M.D. or other)
Address 915 1/2 S. 1st St. Bldg. Date signed 6-4-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 *Frank K. Smith*.....

Licensed Embalmer No. *2467*.....

P. O. Address *Indy. 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.