

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 9 1943

Registration District No. 160

Primary Registration District No. 5593

Registrar's No. 579

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Platteau  
(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 Jefferson

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

(d) Street No. Rt 2 Festus  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hannah M. Hoffman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 5<sup>th</sup>  
year 1943 hour 17<sup>10</sup> minute P.M.

21. I hereby certify that I attended the deceased from Sept. 27, 42  
1942 to Aug 4<sup>th</sup> 1943

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Aug 16 1857  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma recti and sigmoid

Duration \_\_\_\_\_

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

85 11 19 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Jefferson co. mo.  
(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.

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Barr

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

14. Maiden name Elsebeth M. Gintley

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

16. (a) Informant Ben Hoffman

(b) Address Crystal City mo

17. (a) Burial (b) Date thereof 8-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faverstick Cemetery

18. (a) Signature of funeral director Fink Funeral Parlor

(b) Address Festus mo

19. (a) 8/10/43 (b) H.P.C. Weverdal  
(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? \_\_\_\_\_ (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)

23. Signature Festus (Specs of injury U. I.)  
Address \_\_\_\_\_ (as D. or other) \_\_\_\_\_  
Date signed 8-7-43

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

5000

1260

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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 Eleana Province

Licensed Embalmer No 3403

P. O. Address Festus 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.**