S. No. 2
M—5-42
5-17-39
X32673

FILED OCT 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31964

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 212

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Wells-Lee Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)

In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. Rural Route No. 2 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Florence Hoffner

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 7 (Day) 1866 (Year)

8. AGE: Years 76 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Alfred Green
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Lucinda Hazelwood
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Pearl Bywater

(b) Address Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/43 (Month) (Day) (Year)

(c) Place: burial or cremation Noyinger Cemetery

18. (a) Signature of funeral director D E Riley

(b) Address Kirksville, Mo.

19. (a) 10/4/43 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1943 hour 11:00 minute P: M.

21. I hereby certify that I attended the deceased from Aug., 19th, 1943 to Sept. 6th, 1943 that I last saw her alive on Sept. 6th. 43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic bronchial pneumonia

Due to Mitral regrugitation

Due to

Other conditions Carcinoma of liver (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46 f

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. Wells-Lee (M. D. or other) D.O.

Address 301. S. Franklin Date signed 9/14/43

(Licensed Embalmer's Statement on Reverse Side) Kirksville.Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-43-1667
Date Filed OCT 7 1943

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 Mrs. Laura Riley
Licensed Embalmer No. 3907
P. O. Address Kirksville 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.