

No. 2
5-42
5-17-35
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34867**

FILED NOV 12 1943

Registration District No. **140** Primary Registration District No. **6-544** Registrar's No. **72**

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

1. PLACE OF DEATH:

(a) County **Howard**

(b) City or town **Burton Twp. "Rural"**
(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 years, months or days)

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard**

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

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

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

If yes, name country.....

3. (a) PRINT FULL NAME **Ada May Hoffstetter**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **2** widowed.

6. (b) Name of husband or wife **William Hoffstetter** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **May 27th 1871**
(Month) (Day) (Year)

8. AGE: Years **72** Months **3** Days **3** If less than one day hr. min.

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

10. Usual occupation **At home**

11. Industry or business.....

12. Name **Thomas Atterbury**

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

14. Maiden name **Ann Dennis**

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

16. (a) Informant **Wilbur Hoffstetter**

(b) Address **Armstrong, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-31st 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Church**

18. (a) Signature of funeral director **Guy T. Galley**

(b) Address **Fayette, Mo.**

19. (a) **Nov. 2-1943** (Date received local registrar) (b) **Conrad W. Miller** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30** year **1943** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct 22nd 1942** to **Oct 30 1943** that I last saw **her** alive on **Oct 22 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **Arterio-Sclerosis**

Due to.....

Other conditions **Paralysis** (Includes pregnancy within 3 months of death)

Major findings: 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.....

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) (e) Means of injury.....

23. Signature **W. M. Linneman M.D.** (M.D. or other)

Address **Armstrong, Mo** Date signed **11-1-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District of Columbia
Date Filed 11-10-43

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 Guy T. Halsey
Licensed Embalmer No. 2966
P. O. Address Joyette, 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.