

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37995
Registrar's No. _____

FILED DEC 8 1943

Primary Registration District No. 4113

1. PLACE OF DEATH
(a) County Chariton
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Brunswick 021
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME ELIZABETH L. HOFFMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 21st year 1943 hour 2 minute 58 P.M.
21. I hereby certify that I attended the deceased from Jan 1-43 to Nov 1-43 that I last saw her alive on Nov 1st 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 Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 28-1850
(Month) (Day) (Year)

Immediate cause of death: Coronary thrombosis
Due to Arterio Sclerosis
Due to Senility
Other conditions (Include pregnancy within 3 months of death) 9/4

8. AGE: Years 92 Months 10 Days 27 If less than one day _____ hr. _____ min.

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

9. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business Housewife

12. Name John Jencic

13. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Rout Kraus

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

16. (a) Informant Mrs. Fred Hale
(b) Address Brunswick Mo

17. (a) Burial (b) Date thereof 11-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Truett Mo
18. (a) Signature of funeral director H. Maerz
(b) Address Brunswick Mo

19. (a) 11-26-1943 (b) H. A. Aress
(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) (e) Means of injury _____
23. Signature Harry E. Stetson (M. D. or other) _____
Address Brunswick Mo Date signed 11/43

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

MOTHER FATHER

1024

(Licensed Embalmer's Statement on Reverse Side)

25

RECEIVED

District Health Officer No. 8,

District No. Number

Date Filed

1944

12-7-43

JAN 7

DEC 17 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

L. M. Cress

Licensed Embalmer No.

823

P. O. Address

Brunswick 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.