

FILED JAN 10 1944

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 5576

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1210 St. 41st Street 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 57 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1210 West 41st Street (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 22
_____ 1942 to Dec. 24 1943;
that I last saw him alive on 12/23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary atherosclerotic hypertensive heart disease. Duration 14 years?

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
a3d

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME CHARLES E. HOFFMAN

3. (b) If veteran, name war No 3. (c) Social Security No. 495-10-4647

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 8, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 16 hr. _____ min.

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

10. Usual occupation Cattleman

11. Industry or business _____

MOTHER FATHER
12. Name Edward Hoffman
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Hattie (No Record)
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Hoffman
(b) Address 1210 St. 41st Street

17. (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Duick and Dolin Co.
(b) Address 20 West Linwood, K.C., Mo.

19. (a) 12-28-43 (b) N. C. Brown
(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 Edgar P. Cannon M.D. (M. D. or other)
Address 242 Plaza Med. Bldg. Date signed 12/27/43

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 Charles M Dewick

Licensed Embalmer No. 3774

P. O. Address H. C. 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.