

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
65th & Palmer
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 65th & Palmer
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Eva Anna Hoefner
 3. (b) If veteran, name war -- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Fred W. Hoefner 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 24, 1885
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 3 If less than one day
hr. min.

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

10. Usual occupation Homemaker

11. Industry or business At Home

MOTHER FATHER
 12. Name Jacob Schneider
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Magdaline Storek
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Hoefner
 (b) Address 65th & Palmer

17. (a) Burial (b) Date thereof Dec. 29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Marys Cemetery
Sheil Funeral Home

18. (a) Signature of funeral director Sheil Funeral Home
 (b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) Dec 12 1943 (b) Mrs. C. Darwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 27
 year 1943 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7/1 1943 to 12/27 1943
 that I last saw him alive on 12/26 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Cancer of Liver

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

Major findings: Of operations 46 f
 Of autopsy _____

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 H. B. Bance (M., D. or other) DO
 Address 2722 1/2 Street Date signed 12/28/43

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

JAN 24 1944

Dr. Pence

2722 Prospect

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

J. Daniel Sheel

Licensed Embalmer No. *3625*

P. O. Address *Kansas City*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9/1/2
FILED MAR 16 194

Registration District No. 147

Primary Registration District No.

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town RURAL - BROOKING
(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. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Eva Anna Hoefner

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Dec 24
(Month) (Day) (Year)

8. AGE: Years 6-8 Months 0 Days 0 (If less than one day, in min.)

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 Year 1943 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from 19... 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death
Duration

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other) Address Date signed

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

SUPPLEMENTARY

3112