7. S. No. 2
0M—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6117

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 995

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: St. Joseph's Orphan Girls Home-31st. Jefferson.
(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: 6 Years

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.: 31st. and Jefferson
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mother Sylvania (Hoffman)
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Religious
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 14 (Day) 1877 (Year)

8. AGE: Years 67 Months 0 Days ~~15~~ 17 If less than one day ..... hr. ..... min.

9. Birthplace: Florissant (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Religious (Mother Superior)
11. Industry or business: .....
12. Name of father: William Hoffman
13. Birthplace of father: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name of mother: Annie Victoria Smith
15. Birthplace of mother: Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant: Sister Joseph Louis
(b) Address: St. Joseph's Orphan Girl's Home
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's Cemetery
18. (a) Signature of funeral director: J. J. O'Donnell Sr.
(b) Address: 3256 Broadway
19. (a) 3-2-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 1st. year: 1944 hour: 10 minute: 45 A.M.
21. I hereby certify that I attended the deceased from Feb 29, 1944 to March 1, 1944 that I last saw him alive on March 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	few hours
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 940
Of autopsy: none

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: 0
23. Signature: E. E. Evans (M. D. or other)
Address: 911 Waldheim Bldg. Date signed: March 2, 44

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(Licensed Embalmer's Statement on Reverse Side)

Dr. E.J.E. Evans

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K 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.