

FILED MAY 15 1944

Registration District No. 67

Primary Registration District No. 5236

Registrar's No. 27

1. PLACE OF DEATH: Cedar
 (a) County Cedar
 (b) City or town RURAL - BOX TOWNSHIP
(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 GEORGE W HOFFMAN
 3. (b) If veteran, _____ name war _____
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 27 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 22
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER { 11. Industry or business _____
 12. Name Phillip Hoffman
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Harvey Welsh
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Hoffman
 (b) Address Rt. 1 El Dorado Springs, Mo
 17. (a) Burial (b) Date thereof 4/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Harwood, Mo
 18. (a) Signature of funeral director Winn-Siders
 (b) Address El Dorado Springs, Mo
 19. (a) 4/20/44 (b) L. J. Delaney
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
 year 1944 hour 2 minute PO M.
 21. I hereby certify that I attended the deceased from March 25, 1944, to April 19, 1944
 that I last saw him alive on April 19, 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Heart Block Duration _____

Due to _____
 Due to _____
 Other conditions (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 _____
 (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 L. J. Delaney (M. D. or other) _____
 Address El Dorado Springs Date signed 4/20/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number

4-44-644

Date Filed

5-10-44

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



Licensed Embalmer No.

2034

P. O. Address

E. Donald Spring, Md.

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.