

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24129

FILED JUL 27 1944  
Registration District No. 1000

Primary Registration District No. 1000

State File No. 752

Registrar's No. 752

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
321 Ozark St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life  
years, months or days

3. (a) PRINT FULL NAME Ernest Hoffman

3. (b) If veteran, name war No 3. (c) Social Security No. 493-14-6586

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lutie Hoffman 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased January 1, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Chris Hoffman

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

14. Maiden name Fredie Rickey Heffner

15. Birthplace Weston Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lutie Hoffman

(b) Address 321 Ozark St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Robert Montgomery

(b) Address 5025 King Hill Ave.

19. (a) 7/14/44 (b) Leola I. Pickle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 Ozark St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased on  
July 11th, 1944, at  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 1 day

Due to General Arteriosclerosis 1 year

Due to Man suffered a stroke

of a popliteal artery about one

year ago from

which he never fully

recovered.

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy No. 836

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 \_\_\_\_\_

23. Signature H. F. Mundy (Coroner)

Address 404 So 3d Date signed 7/12/44

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

1377

(Licensed Embalmer's Statement on Reverse Side)

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 7/11/44  
..... Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Emilia Clark*

Licensed Embalmer No.

4238

P. O. Address St. Joseph, 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.