

FILED NOV 10 1944

Registration District No. 55

Primary Registration District No. 3010

Registrar's No. 353

1. PLACE OF DEATH:

(a) County CAPE-GILAIDEAU  
(b) City or town CAPE-GILAIDEAU  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. FRANCIS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)  
In this community 84 years 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Gil  
(c) City or town JACKSON  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

LOUISA-HOFFMANN

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 W  
6. (b) Name of husband or wife J. B. Hoffmann  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 24 1860  
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Benny Cleveland

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

14. Maiden name unknown

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

16. (a) Informant Mr. A. D. Wild

(b) Address JACKSON MO

17. (a) Burial (b) Date thereof 10-24-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. JACKSON MO

18. (a) Signature of funeral director Wm. H. Staley

(b) Address JACKSON MO

19. (a) 10-26-44 (b) T. E. Ruff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 22  
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan  
1941 to oct 22 1944  
that I last saw her alive on oct 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma of liver Duration 1 yr

Due to \_\_\_\_\_  
Due to 46d

Other conditions Pericious Anemia 10 yr  
(Include pregnancy within 3 months of death) nephritis 8 yr

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? \_\_\_\_\_

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

23. Signature T. E. Ruff (M. D. or other) MD  
Address JACKSON MO Date signed 10-25-44

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

RECEIVED

District Health Officer No. 4  
District File Number 1144-4557  
Date Filed 11-8-44

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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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.