

FILED DEC 7 1944

Registration District No. 5

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County CAPE-GIRARDEAU
(b) City or town JACKSON
(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 79 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME OTTO-L. HOFFMANN

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife SOPHIA-RIEMANN 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
7. Birth date of deceased JULY 8 1865 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation SHOE MAKER

11. Industry or business _____

MOTHER, FATHER { 12. Name ADAM-HOFFMANN
13. Birthplace GERMANY
14. Maiden name _____
15. Birthplace GERMANY

16. (a) Informant L. A. Hoffmann
(b) Address Cape Girardeau MO
17. (a) Burial (b) Date thereof 11-23-1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Jackson MO

18. (a) Signature of funeral director Wilson-Dalby Sebaugh
(b) Address Jackson MO
19. (a) Date received local registrar 1/2/1944 (b) J. B. Keustner (Registrar's signature)

20. DATE OF DEATH: Month NOV day 21 year 1944 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 1942 to Nov 21 1944 that I last saw him alive on NOV 20 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 min
Due to Coronary Sclerosis 3 yrs
Due to Arteriosclerosis 10 yrs
Other conditions Myocarditis 4 yrs (Include pregnancy within 8 months of death)

Major findings: Of operations _____ Of autopsy 93%

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 T. E. Ruff (M. D. or other) MD
Address Jackson MO Date signed 11-21-44

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

RECEIVED

District Health Officer No. 4
District File Number 1244-4603
Date Filed 12-6-44

APR 17 1945

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.