

FILED NOV 28 1944

Registration District No. _____
Primary Registration District No. 3047

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO
(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 LELLIAN HOFFMAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife C.F. HOFFMAN 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased JUNE 30 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOSEPH PAUL
13. Birthplace UNKNOWN GEORGIA
(City, town, or county) (State or foreign country)

14. Maiden name JANE KNOX
15. Birthplace UNKNOWN GEORGIA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Russell Hoffman
(b) Address Neosho Mo.

17. (a) Burial (b) Date thereof 10-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Neosho I.O.O.F. Cemetery

18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.

19. (a) 11-15-1944 (b) Corley Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73
(c) City or town NEOSHO 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1944 hour 5 minute _____ M.

21. I hereby certify that I attended the deceased from Several
months 1944 to Oct 28 1944
that I last saw her alive on Oct 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Probably cerebral pneumonia
at base
Due to Chronic hepatitis
Chronic valvular
Due to heart disease

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations 131
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J.R. Lansman (M. D. or other) _____
Address Neosho Mo Date signed 11-15-44

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

133

1110

RECEIVED NOV 21 1944
District Health Officer No. _____
District File Number 1044-227
Date Filed NOV 21 1944

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 Barley Thompson
Licensed Embalmer No. 3259
P. O. Address Neesho No.

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.