S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40163
5347

Registrar's District No. FILED JAN 11 1948

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
547 Main
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community dont know

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 42

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 547 Main 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 11

3. (a) PRINT FULL NAME Homer R. Hoffman

3. (b) If veteran, name war World War one

3. (c) Social Security No. dont know

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced dont know 9

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Aprox. 60			hr. min.

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

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jackson County Coroner
(b) Address Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/2/~~48~~ 45 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Kans.

18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address Kansas City, Mo.

19. (a) 12-30-44 (Date received local registrar) (b) T. E. Brown (D.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14 year 1944 hour 1:12 minute p M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw him alive ....., 19.....; and that death occurred on the date and hour stated above.

Coroner

Immediate cause of death	Duration
Coronary sclerosis	
Due to arteria sclerosis	
Due to 9 4 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations History & Inspection
Of autopsy no

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 James Walker Coroner (M. D. or other)
Address 1424 Argyle Bldg Date signed 12-22-44

(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 ~~[illegible]~~ or by Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Rigeman

Licensed Embalmer No. 2744

P. O. Address K.C. 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.