V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41161

FILED DEC 28 1944

Registration District No. 1948 Primary Registration District No. 5466 Registrar's No. 874

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural-S. Campbell Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Center for Federal Prisoners (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months 14 days (Specify whether years, months or days)

In this community 6 months 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgwick

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

(d) Street No. 638 N. Water Street. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME HOFFMAN, Eddie

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex Male 1 5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased November (Month) 23 (Day) 1903 (Year)

8. AGE: Years 41 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation Porter-waiter.

11. Industry or business Hotels

FATHER 12. Name William Hoffman

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

MOTHER 14. Maiden name Stella Crayton

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

16. (a) Informant File, M.C.F.P.

(b) Address Med. Center for Federal Prisoners

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 4 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Fred C. Thiem

(b) Address 1100 Bonville Ave., Spfd. Mo.

19. (a) 12-4-44 (Date received local registrar) (b) for W E Hanaly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3 year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 19, 1944, to December 3, 1944; that I last saw him alive on December 3, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia, bilateral	9 days
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation
Of autopsy Bilateral lobar pneumonia, Chronic myocarditis, atherosclerosis of aorta, chronic passive congestion of liver, and cloudy swelling of kidneys.

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 E W Morehead (M. D.)

Address Med. Centr For Federal Pris. Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side) Spfd., Mo.

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.