

S. No. 2  
M-8-13  
5-17-39  
I X37823

1847

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 27 1945

Registration District No. 47

Primary Registration District No. 5163

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Lebbette, Mo. Callaway  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: map  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 7 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Lebbette Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME

Louise H. Hoffman

3. (b) If veteran, name war No

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lena Hoffman  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased: April 23 1860  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1945 hour 7 minute 0 A. M.  
21. I hereby certify that I attended the deceased from December 11 1945 to Jan 20 1945  
that I last saw him alive on Jan 15 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis Duration 2 mo.

8. AGE: Years 84 Months 8 Days 27  
If less than one day hr. min.

Due to Chronic Nephritis and Senile Dementia 1 yr.

9. Birthplace Osage Co. Mo.  
(City, town, or county) (State or foreign country)

Due to 1  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 13

10. Usual occupation Farmer & R.R. Laborer

Of autopsy 13  
PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business  
12. Name Godlip Hoffman  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Cook  
15. Birthplace Hannover Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Hoffman  
(b) Address Lebbette Mo.

17. (a) Burial (b) Date thereof Jan 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Glen Y. Mausoleum

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?

18. (a) Signature of funeral director Wm G. Maupin  
(b) Address 712 Court St. Fulton, Mo.

While at work? (Specify type of place) (e) Means of injury 2

19. (a) Jan 22 1945 (b) Jose Morantoff  
(Date received local registrar) (Registrar's signature)

23. Signature W.W. Williamson (M. D. or other) M.D.  
Address Mokane Mo. Date signed 1-20-45

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

400

MOTHER FATHER

1147

JAN 31 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-26-45

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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 Y. Mauhin  
Licensed Embalmer No. 2725  
P. O. Address Fulton, 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.