

FILED FEB 7 1945

State File No. _____

Registration District No. 62

Primary Registration District No. 4108

Registrar's No. 3

1. PLACE OF DEATH: Cedar
 (a) County: Cedar
 (b) City or town: Stockton, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: / XX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Cedar 20
 (c) City or town: Stockton, Missouri 1
 (If outside city or town limits, write "RURAL")
 (d) Street No.: XX (If rural, give location) 1
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country: XX

3. (a) PRINT FULL NAME: ELDRIDGE GOURLAY HOFF

3. (b) If veteran, name was: XXX 3. (c) Social Security No.: XX

4. Sex: MALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife: MARAGRET MAY 6. (c) Age of husband or wife if alive: XX years

7. Birth date of deceased: APRIL 24, 1873 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	8	13	XXXX min.

9. Birthplace: Stockton, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Editor & Publisher

11. Industry or business: XXXX

12. Name: William D. Hoff

13. Birthplace: West Virginia (City, town, or county) (State or foreign country)

14. Maiden name: Mary Elizabeth Lewis (City, town, or county) (State or foreign country)

15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Wm D Hoff (b) Address: Stockton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-9-1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Stockton Cemetery

18. (a) Signature of funeral director: Church and Neale (b) Address: Stockton, Missouri

19. (a) 2-5-45 (Date received local registrar) (b) Mrs Ethel C. Hirsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 7 year: 1945 hour: 10 minute: 45 P.M.

21. I hereby certify that I attended the deceased from 9-21-1944 to 1-7-1945 that I last saw him alive on 1-7-1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis Duration: 3 mo

Due to: _____

Due to: _____
Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations: _____ 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) (e) Means of injury _____

23. Signature: Wm B Rietter (M. D. or other) Address: Stockton, Mo Date signed: 1-9-45

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

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MOTHER, FATHER

1298

1-45-53
2-6-45

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.