

FILED SEP 13 1945

Registration District No. 374

Primary Registration District No. 6276

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural, Union township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME George Leonard Hoff
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MC 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie B. Hoff 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Nov 9 (Month) (Day) (Year) 1865

8. AGE: Years 79 Months 9 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Charles E. Hoff
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Annie C. Merschling
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Virgil Hoff
(b) Address Frank City, Mo.

17. (a) Burial (b) Date thereof 8-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director John C. Dangle
(b) Address Frank City, Mo.

19. (a) Sept. 4 1945 (b) Mayme Ruehart (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Frank City (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1945 hour 6 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 1st 1945 to August 10th 1945
that I last saw him alive on August 9 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 2 yrs

Due to Arterio Sclerosis and Chronic Rheumatism 5 yrs

Due to _____

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

Major findings: Of operations _____ Of autopsy _____
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 O. R. Fullerton (M. D. or other) Redding
Address _____ Date signed 8/12/45

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

15 APR 7 1959

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.....

Jack C. Trumple

Licensed Embalmer No. *3252*

P. O. Address. *Grant City, 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.