

FILED NOV 26 1945
Registration District No. 275

Primary Registration District No. 3051

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Perryville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70-5-15
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Perryville Mo.
(If outside city or town limits, write "RURAL") /
(d) Street No. _____ (If rural, give location) /
(e) Citizen of foreign country? _____ (Yes or No) 3
If yes, name country _____

3. (a) PRINT FULL NAME

Emmanuel E. Hoffstetter

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorathy Hoffstetter 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 16 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Hoffstetter
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emilia Gruenwald
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Hoffstetter
(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof 11-4-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 11-2-45 (b) Carl Zoellner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1
year 1945 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Oct 2, 1945, to Nov 1, 1945;
that I last saw him in alive on Nov 1, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Regenerative Myocarditis
not Rheumatic

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations 930
Of autopsy _____

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 0

23. Signature M. H. Bailey (M. D. or other) /
Address Perryville Date signed 11/3/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1632

RECEIVED

District Health Officer No. 4

District File Number 1145-1338

Date Filed 11-23-45

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Berryville, 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.