

FILED JAN 8 1946

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
717 South 16th. Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 717 South 16th. Street. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Mina Hofmann

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced. Widow 7
6. (b) Name of husband or wife Christerfer Hofmann 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased January 28 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 3 hr. min.

9. Birthplace Columbus Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Jacob Suter
13. Birthplace Unknown Switzerland /
(City, town, or county) (State or foreign country)
14. Maiden name Clara Gungelman
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Helen Suter
(b) Address 717 So. 16th., St. Joseph, Missouri.

17. (a) Burial (b) Date thereof 1/21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Abland Cemetery

18. (a) Signature of funeral director Kalter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Missouri

19. (a) Jan. 2, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st.
year 1945 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov 31 1945
to Dec 31 1945
that I last saw her alive on Dec 31 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart
Due to Probably to Aorta-Thrombosis 5 yrs
From 10 yrs ago

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration
5 yrs
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 [Signature] (M. D. or other)
Address 845 S. 19th St. JOSEPH Date signed 1/2/46

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

JAN 23 1946

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.....

Albert B. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address. St. Joseph, Missouri.

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.