

S. No. 2
M-542
v. 5-17-39
X32073

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6311**

FILED FEB 28 1945

Registration District No. **383**

Primary Registration District No. **5655**

Registrar's No. **56**

101011
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt Vernon, Mo. Rural

(c) Name of hospital or institution: Farm Home Rural

(d) Length of stay: In hospital or institution 1 (Specify whether)

In this community most of her life years, months or days 86 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence

(c) City or town Mt Vernon Rural

(d) Street No. R-D # 1

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME BELLE FLORENCE HOFFMAN

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 8 1945 to Dec 14 1945

that I last saw her alive on Dec 14 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Rev E F Hoffman

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July (Month) 2 (Day) 1859 (Year)

Immediate cause of death Coronary thrombosis

Duration 6 days

8. AGE: Years 86 Months 5 Days 12 If less than one day, hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Callaway Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Thomasson

13. Birthplace NY (City, town, or county) (State or foreign country)

14. Maiden name Alice Sanders

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

16. (a) Informant Maattie Holladay

(b) Address Mt Vernon Mo

17. (a) Burial (b) Date thereof Dec 16 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Greendale Cem

18. (a) Signature of funeral director Forrest F Home

(b) Address Mt Vernon Mo

19. (a) 12-16-45 (b) Dr Philbrick (Date received local registrar) (Registrar's signature)

Major findings: Of operations no

Of autopsy no

PHYSICIAN P. A. Halmer

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 0

23. Signature P. A. Halmer (M. D. or other)

Address Mt Vernon Mo Date signed 12-15-45

RECEIVED

District Health Officer No. 6

District File Number 146-136

Date Filed FEB 26 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 H. B. Farnett

Licensed Embalmer No 2201

P. O. Address Mt Vernon 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.