V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10349

FILED APR 4 1946

Registration District No. 2 74 — Primary Registration District No. 3052 — Registrar's No. 69

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 314 West 6th 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. 314 West 6th (If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William Francis Van Hoff
3. (b) If veteran, name war
3. (c) Social Security No. 702-16-2921
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ida Van Hoff
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased October (Month) 25 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
64	4		hr. ____ min.

9. Birthplace Sedalia (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Machinist - Mo. Pac.
11. Industry or business
MOTHER FATHER
12. Name Francis Van Hoff
13. Birthplace ____ (City, town, or county) Holland 4 (State or foreign country)
14. Maiden name Jane O'Donnell
15. Birthplace Binghampton (City, town, or county) New York 1 (State or foreign country)
16. (a) Informant Mrs. Willian Van Hoff
(b) Address 314 West 6th Sedalia. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director McLaughlin Furn. Co.
(b) Address Sedalia, Missouri
19. (a) 3-8-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1946 hour — minute 12:15 A.M.
21. I hereby certify that I attended the deceased from Feb 24 1946 to Feb 25 1946 and that I last saw him alive on Feb 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration 1 day
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Had mitral stenosis
Major findings: Of operations: Ethel's Angina last year
Of autopsy: 94

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. A. Bickenmeyer (M. D. or other) MD
Address 20 W. 5 Sedalia Mo Date signed 2/26/46

251 (Licensed Embalmer's Statement on Reverse Side)

DEC 2 1947

12:45 A.M. Rec'd

Registered
District Health Office Nev
District File Number
Date Filed AUG 7 1947 4-3-46

APR 17 1947

DEC 2 1947

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 K P M Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia, 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.