

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 658

FILED JUN 12 1946

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

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: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 mos., 13 days
(Specify whether years, months or days) 5 mo., 13 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 17 Jenness Place
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERBERT HOEFLING

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased May 12 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Thurningen-Schlusingen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation chauffer

11. Industry or business _____

MOTHER FATHER { 12. Name Franz Hoefling
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ernestine Seel
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital records

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof 6/5/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address St. Joseph, Missouri

19. (a) June 7, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1946 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 1,
1946 to June 3, 1946
that I last saw him alive on June 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death chronic glomerular nephritis

Due to cardio renal disease

Due to _____

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

Major findings: Of operations _____
Of autopsy same

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 0

23. Signature [Signature] (M. D. or other) _____

Address St. Joseph MO Date signed 6-5-46

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 P. Harning

Licensed Embalmer No.....

3258

P. O. Address.....

St. Joseph

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.