

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 9 1946

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 209

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NO. CLARK AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 7 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. NO. CLARK AVE
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE M. HOFFMANN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased JUNE - 30 - 1906
(Month) (Day) (Year)

8. AGE: Years 39 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace SCOTT CO. MO. A
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name FRANK SCHAFER

13. Birthplace SCOTT Co. MO. U
(City, town, or county) (State or foreign country)

14. Maiden name ARTIE HEISERER

15. Birthplace SCOTT Co. MO. A
(City, town, or county) (State or foreign country)

16. (a) Informant LOUIS HOFFMAN

(b) Address CAPE GIRARDEAU

17. (a) BURIAL (b) Date thereof 6-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MARYS GEM.

(a) Signature of funeral director Walthus Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) 6-25-1946 (b) C. C. Seemans
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1946 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Crushing of the chest Duration _____

Due to Being pinned under a Fordson tractor when it turned up and down while following

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident No.

(b) Date of occurrence June 26 1946

(c) Where did injury occur? Cape Girardeau Cape Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm

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

23. Signature Dr. G. F. Sigmond (Specify type of signature) (Date signed) _____

Address Jackson, Mo Date signed 6/22/46

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

18000

RECEIVED

District Health Officer No. 4

District File Number 746-2307

Date Filed 7-6-46

NOV 4
1957

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 Virgil H. Helch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.