

S. No. 3
M-5-43
5-17-39
I X36671

FILED 8/21/1946

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

In this community **as above**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Maude S. Hoff**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elton Hoff**

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

7. Birth date of deceased **June 11 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 **3** **30²** **9** hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **X**

12. Name **Edmund Speck**

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

14. Maiden name **Emma T. Taylor**

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

16. (a) Informant **Elton Hoff,**

(b) Address **4906 State Line, Johnson Co., Kansas**

17. (a) **burial** (b) Date thereof **10-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **10-12-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson** **999**

(c) City or town **Kansas City** **14**
(If outside city or town limits, write "RURAL")

(d) Street No. **4906 State Line**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No) **1**

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **10**
year **1946** hour **7:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 20th** 19 **to Oct. 10** 19 **46**
that I last saw her alive on **Oct. 9** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive heart disease terminal uremia**

Due to **Essential Hypertension**

Due to _____

Other conditions **93 d**
(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) _____

(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 **Joseph Eubelker** (M. D. or other M.D.)
Address **836 Prof. Bldg** Date signed **10/11/46**

Duration **2 yrs 11 wks**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. Joseph Welker

Joseph Welker
Blady

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 *E. M. Plack*.....

Licensed Embalmer No. *1848*.....

P. O. Address. *K. C. 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.