

No. 2  
-5-43  
-17-39  
X36871

ED **OCT 28 1946**  
Registration District No. **149** Primary Registration District No. **1002**

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

**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:  
**General Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
(Specify whether  
 In this community **2 days**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2805 Sylvania St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **\***

**3. (a) PRINT FULL NAME** **Maurice F. Hoffman**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **unknown**

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month **October** day **15**  
 year **1946** hour **7** minute **00** A. M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Helen Hoffman**  
 6. (c) Age of husband or wife if alive **41** years  
 7. Birth date of deceased **September 20 1902**  
(Month) (Day) (Year)

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 **Deputy Coroner**  
**Cerebral hemorrhage**  
 Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>44</b>	<b>0</b>	<b>25</b>	_____ hr. _____ min.

Due to **Diffuse**  
 Due to **(2 car collision)**

9. Birthplace **Barrington Illinois**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Retired Judge Circuit Court**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business **Buchanan County**  
 12. Name **Bred Hoffman**  
 13. Birthplace **Geneseo Illinois**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Mertice Cline**  
 15. Birthplace **La Salle Illinois**  
(City, town, or county) (State or foreign country)

Major findings: **1702-8**  
 Of operations \_\_\_\_\_  
 Of autopsy **See Above**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Helen Hoffman**  
 (b) Address **2805 Sylvania St.**  
 17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **Oct. 15, 1946**  
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Accident R3**  
 (b) Date of occurrence **10-13-46**  
 (c) Where did injury occur? **St. Joseph Mo**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, or farm, in industrial place, in public place?  
**He was # 71** **Mo**  
(City or town) (County) (State)

18. (a) Signature of funeral director **Herman J. Sideladen**  
 (b) Address **1802 Union St. St. Joseph, Mo.**  
 19. (a) **10-15-46** (Data received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

While at work? **No** (Specify type of place)  
 (c) Means of injury **Trauma**  
 23. Signature **A. E. Usher** (M. D. or other) **2805 Main** Date signed **10/15/46**  
 Address \_\_\_\_\_

DEC 21 1948

NOV 27 1948

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph - 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.