S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

32530

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Jack Hoffman 33762

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4431

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospt. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 35 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State No. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2850 Troost 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Sam. Schrob.
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
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 unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
Apr 4	68			hr. 1 min.

9. Birthplace Russia (City, town, or county) (State or foreign country)
10. Usual occupation Lived at Home for the Age.
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Mr. Ross
(b) Address 2850 Troost
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Schifield Cemetery
18. (a) Signature of funeral director H. Pigerman & Son
(b) Address K.C. Mo.
19. (a) 10-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1946 hour 8 minute 45 A M.
21. I hereby certify that I attended the deceased from Oct 18, 1946, to Oct 22, 1946
that I last saw him alive on Oct 21, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic heart disease	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature J. S. Hoffman M.D. (M. D. or other)
Address 408 Argyle Bldg Date signed 10/22/46

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. H. [illegible]

Licensed Embalmer No. 2744

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.