

Registration District No. 363

Primary Registration District No. 4532

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Marthasville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME OTTO FREDRICK HOFFMANN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Eugenia Hoffmann 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 11 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Hieronymous Hoffmann

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

14. Maiden name Wilhemina Wilegmann

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

16. (a) Informant Ralph Hoffmann

(b) Address Marthasville, Missouri

17. (a) Burial (b) Date thereof Nov. 2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville, Mo.

18. (a) Signature of funeral director Fred W. Lightfoot

(b) Address Marthasville, Missouri

19. (a) 10/31/46 (b) H. C. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren / 109
(c) City or town Marthasville
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 30 1946 to Oct 31 1946 that I last saw him alive on Oct 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Pectus Carvany @ Ummen

Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A

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?

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

23. Signature H. C. Johnson (M. D. or other) Address Marthasville, Mo. Date signed 10/31/46

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

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 *Fred W. Lichtenberg*

Licensed Embalmer No. *1321*

P. O. Address *Martha'sville*

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.