No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36663 Stone

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 866 A

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Springfield, Baptist 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rt. 3, Rogersville, Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ROBERT RAYMOND HOFFMAN

3. (b) If veteran, name war WW II

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

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Theda Hoffman

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

7. Birth date of deceased April 21, 1924
(Month) (Day) (Year)

8. AGE: Years 22 | Months 6 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Rt. 8 Springfield, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Auto

FATHER
12. Name George E. Hoffman 1
13. Birthplace ? Illinois 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myrtle Buzzard
15. Birthplace Springfield, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Buzzard (mother)

(b) Address Rt. 3, Rogersville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address SPRINGFIELD, MISSOURI

19. (a) 11-29-46 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1946 hour 3 minute 50 P M.

21. I hereby certify that I attended the deceased from no physician, 19..., to attendance, 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock + hemorrhage	
Due to Multiple fractures: Skull Femurs left forearm	
Due to Plane crash	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

173.8
34

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) Accident 39

(b) Date of occurrence Oct. 27, 1946

(c) Where did injury occur? Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm
(Specify type of place)
While at work? no (e) Means of injury Plane

23. Signature Murray C Stone Coroner 3
(M. D. or other)

Address Springfield, Mo Date signed 10-29-46

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(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1946

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.....Frank Gisable.....

Licensed Embalmer No.....4044.....

P. O. Address.....SPRINGFIELD, MISSOURI.....

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.