

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5647

State File No.

FILED MAR 14 1947

Registration District No. 26

Primary Registration District No. 5898

Registrar's No.

1. PLACE OF DEATH:

(a) County OZARK
(b) City or town DORA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOTIE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community 35 YEARS
years, months or days

3. (a) PRINT FULL NAME Mrs. CATTY HOFFMEISTER

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET HOFFMEISTER 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased DEC 22 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 16 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Margaret Hoffmeister
(b) Address Dora, Missouri

17. (a) Burial (b) Date thereof 2-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweeton

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 3-7-1947 (b) Charles Hale
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1947 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from Aug 16 1946 to Aug 16 1946
that I last saw him alive on Aug 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis
Arteriosclerosis

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93D
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 Robert Smith (M. D. or other) M.D.

Address West Plains, Mo Date signed 3/3/47

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

RECEIVED

District Health Officer No. 67

District File Number 347-303

Date Filed MAR 11 1947

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 W.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Waco, Tex

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.