

12-45
5-17-39
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FILED MAR 28 1947

2000

State File No.

Registrar's No. 187

Registration District No.

Primary Registration District No.

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:
968 N. Campbell Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

In this community 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LOUIS HOFFMAN

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 Louisa Hoffman

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased September 16, 1856
(Month) (Day) (Year)

8. AGE: Years 40 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Civil Engineer

MOTHER FATHER

12. Name Kasper Hoffman

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

14. Maiden name Katherine Ringier

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

16. (a) Informant Louisa Hoffman

(b) Address 968 N. Campbell Ave., Springfield, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-6-47
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Fred U. Thoms

(b) Address Springfield, Mo.

19. (a) 3-4-47 (Date received local registrar) (b) W. S. Handley MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 968 N. Campbell Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1947 hour 7:10 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 1/9/47, 19____ to 3/3, 1947
that I last saw him alive on 3/3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to chr. nephritis

Due to _____

Other conditions 131B
(Include pregnancy within 3 months of death)

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, 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 W. S. Handley MD (M. D. or other) Date signed 3/4/47

Address Springfield, Mo.

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..... *Ralph H. Thiers*

Licensed Embalmer No. *3681*

P. O. Address..... *Springfield, 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.