

FILED APR 3 1947

Registration District No. 205

Primary Registration District No. 5596

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural Route #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 4 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Allen Hoff

3. (b) If veteran, name war _____ 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Ida Neff Hoff 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 7 15 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 1 If less than one day hr. _____ min. _____

9. Birthplace St. Clair, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Self

12. Name Charley Hoff

13. Birthplace Not Known, Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Late

15. Birthplace Not Known, Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Hoff

(b) Address De Soto, Mo.

17. (a) Burial (b) Date thereof 3-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery (Rural)

18. (a) Signature of funeral director Jess M. ...

(b) Address De Soto, Mo.

19. (a) 3-27-47 (b) Marion ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1947 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 28 1947, to March 16 1947;
that I last saw him alive on March 16 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 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 2

23. Signature W.C. Rehman (M.D. or other)
Address De Soto, Mo. Date signed 3/18-47

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

MOTHER FATHER

APR 4 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 J. Lee Mothershead
Licensed Embalmer No. 3531
P. O. Address He Sate, 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.