

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 2 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16951

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 68

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

27
2

1. PLACE OF DEATH
(a) County Cooper
(b) City or town Pilot Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hosp - Boonville Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove
(If outside city or town limits, write "RURAL") Rural
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME MATILDA-IRENE-HOFF
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7th year 1947 hour 09 minute 15 A.M.
21. I hereby certify that I attended the deceased from Apr 29, 1947, to May 7, 1947
that I last saw her alive on May 7, 1947, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Louis N. Hoff 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: October 2, 1978
(Month) (Day) (Year)

Immediate cause of death acute dilatation of heart
Duration _____

8. AGE: 68 Years | 8 Months | 5 Days | hr. min.

Due to myocarditis
Due to _____
Other conditions nephritis
(Include pregnancy within 3 months of death)

9. Birthplace Monteau county - Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Autopsy 950
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Home wife

11. Industry or business none

12. Name Fredrick Schneider

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

14. Maiden name Louise Hoff

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

16. (a) Informant A A Hoff
(b) Address Boonville, Mo

17. (a) Burial (b) Date thereof 5-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cemetery

18. (a) Signature of funeral director Hays - Parker
(b) Address Pilot Grove, Mo.

19. (a) 5-8-47 (b) D Cooper
(Date received local registrar) (Registrar's signature)

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 J C Beckett MD (M. D. or other)
Address Boonville Mo Date signed 5-8-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-24-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself by _____

_____ Registered Apprentice No. _____
working under my personal supervision.

Signed Leighton E. Nays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.