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31794

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 194

Primary Registration District No. 3035

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution Died at wife's apartment 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray 89

(c) City or town Henrietta 0
(If outside city or town limits, write "RURAL")

(d) Street No. city 0
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Oswalt Hoffman

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

4. Sex MA 5. Color or race W

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

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

7. Birth date of deceased Feb 12 1914
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1947 hour 11 minute 10 P M.

21. I hereby certify that I attended the deceased from as acting coroner called 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Ray Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborn

11. Industry or business _____

MOTHER FATHER { 12. Name Oswalt Hoffman

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

14. Maiden name Mary Stein

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Wm J. Reinwald

(b) Address Rt. C. MO

17. (a) Burial (b) Date thereof 8-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston MO

18. (a) Signature of funeral director Fairst & Shupe

(b) Address Livingston MO

19. (a) 13 Sept. 47 (b) Manuel Eastburn
(Date received local registrar) (Registrar's signature)

Immediate cause of death Accidental death struck by motor car, immediate cause of death Duration _____

Due to 1) Hemorrhage chest

Due to 2) shock (falling on bridge)

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

Major findings: Of operations _____

Of autopsy no 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) struck by motor car 54

(b) Date of occurrence 8-17-47

(c) Where did injury occur? Lexington Lafayette MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On bridge over Missouri River at Lexington

While at work? no (Specify type of place) (e) Means of injury struck by motor car

23. Signature: MC Martindale acting coroner (M. D. or other) 3

Address O. case MO Date signed 8-19-47

(Licensed Embalmer's Statement on Reverse Side)

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

Health Officer NO. 8,
District File Number.....
Date Filed 10-7-77

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

Leo McKeon

Licensed Embalmer No. 2983

P. O. Address Leesington 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.