S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41009

FILED DEC 17 1947

Registration District No. 473 — Primary Registration District No. 3007 — Registrar's No. 417

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Crescent Hotel Room — 125 S. Bdway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 11 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Butler 12
(c) City or town Poplar Bluff, Mo 7
(If outside city or town limits, write "RURAL")
(d) Street No. 125 a South Bdway 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louisa Hoffman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex fem. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased — (Month) — (Day) 1870 (Year)

8. AGE: Years 77 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Grandin, Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation At home
11. Industry or business —

FATHER
12. Name Unknown 9
13. Birthplace " (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Mandy Sheers
15. Birthplace — (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant Bill Patterson
(b) Address Poplar Bluff, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 12-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Grandin, Mo
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 12-6-47 (Date received local registrar) (b) R. H. Munetree (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1947 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 27 Nov, 1947, to 4 Dec, 1947
that I last saw her alive on 3rd Dec, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to Arteriosclerosis
Due to
Other conditions Bronchitis + Lobar Pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 93

Duration

PHYSICIAN
Underline the cause of 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 or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Emil A. Rost (M. D. or other)
Address Poplar Bluff, Mo. Date signed 6 Dec 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 26 1948

RECEIVED
District Health Office No. 2,
District File Number 1247-1606
Date Filed 12-15-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Scott A. Colrett

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.