

Registration District No. _____ Primary Registration District No. **3016**

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Marys Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days (Specify whether
 In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole
 (c) City or town Jefferson City
 (If outside city or town limits, write "RURAL")
 (d) Street No. Liberty Township RR#3!
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME FRIEDA HOFFMEYER
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 1
 year 1948 hour 3 minute 45 P. M.
 21. I hereby certify that I attended the deceased from Sept.
 _____, 1946, to Jan 1, 1948;
 that I last saw her alive on Jan. 1, 1948;
 and that death occurred on the day and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 _____ alive _____ years
 7. Birth date of deceased July 24 1908
 (Month) (Day) (Year)

Immediate cause of death Cerebral Haemorrhage Duration 4 days
 Due to Hypertension - Malignant 3 yrs.
Myocardial infarction 1 yr.
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 47 Months 16 Days 5 If less than one day
7 hr. _____ min.
 9. Birthplace Lar, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home

Major findings:
 Of operations _____
 Of autopsy g3
PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Frank Hoffmeyer
 13. Birthplace Lar, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Frieda Schopfer
Switzerland
 (City, town, or county) (State or foreign country)
 15. Birthplace _____
 (City, town, or county) (State or foreign country)
 16. (a) Informant Sabel Hoffmeyer
 (b) Address Jefferson City, Mo.
 17. (a) Buried (b) Date thereof 1/5/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lar, Mo.
 18. (a) Signature of funeral director Walter Dull
 (b) Address Jefferson City, Mo.
 19. (a) 1-5-48 (b) R.P. Dorris MD
 (Date received by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (c) 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 0
 23. Signature L. B. Klehli (M. D. or other) _____
 Address Jefferson City, Mo. Date signed 1-5-48

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

26
5
4

26
0
3
!

Duration
4 days
3 yrs.
1 yr.

STATE PALM BEACH

RECEIVED
District Health Officer No. 9,
District Health Officer
Date Filed 1/15/48

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.....

Melvin L. Janssens....., Registered Apprentice No. *489*,
working under my personal supervision.

Signed..... *Sylvester Duke*.....

Licensed Embalmer No. *4321*

P. O. Address..... *Jackson City, 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.