

No. 2
5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11649

State File No. _____

Registrar's No. 147

Registration District No. _____

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Putler

(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:
Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 36 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Dexter R. 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John William Hoffman

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

4. Sex Male 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 27 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	8	29	hr. _____ min.
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9. Birthplace Oceola, St. Claire Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Ry. cond.

11. Industry or business Railroading

12. Name Betcher Hoffman

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

14. Maiden name Rachel Elkins

15. Birthplace Oceola, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Wm. Hoffman

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof April 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sadler Chapel cem.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 5-4-48 (b) R. W. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from March 30 1948 to April 27 1948
that I last saw him alive on April 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days

Due to Chronic Myocarditis ?

Due to Hypertension 2

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

Major findings: _____
Of operations _____

Of 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) _____

(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 Frank E. Dinsell (M. D. or other) M. D.

Address Poplar Bluff Date signed 4/30/48

RECEIVED

District Health Office No. 2,

District File Number 548-591

Date Filed 5-10-48

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

Signed Lynnan Steele
Licensed Embalmer No. 2476
P. O. Address Dexter 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.