

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15110**
Registrar's No. **45**

Registration District No. **323** Primary Registration District No. **4474**

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

1. PLACE OF DEATH:
(a) County **Saline**
(b) City or town **Sweet Springs**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
200 West St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **43 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Saline** **97**
(c) City or town **Sweet Springs** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **200 West St.** **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **THERESA HENRIETTA HOFFMAN**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Nicholas Hoffman** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 13 1857**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 11 23 hr. min.

9. Birthplace **Baltimore Maryland**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business
MOTHER FATHER { 12. Name **William Bertram**
13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Frieda Helwig**
15. Birthplace **France** **5**
(City, town, or county) (State or foreign country)

16. (a) Informant **Irvin Hoffman**
(b) Address **Sweet Springs, Mo.**

17. (a) **Burial** (b) Date thereof **May 8, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairview Cemetery**

18. (a) Signature of funeral director **J. F. Pickett**
(b) Address **Sweet Springs, Mo.**

19. (a) **5/7/48** (b) **Sally Andrew**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1948** hour **5** minute **25** A. M.
21. I hereby certify that I attended the deceased from **May 3**,
1948, to **May 6**, 19**48**
that I last saw **her** alive on **May 6**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial**
Aneurysm
Due to **Scurvy**

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

Major findings: _____
Of operations _____
Of autopsy **107**

Duration
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)
(c) Means of injury _____
23. Signature **Clas R Parsons** (M. D. or other) **MD**
Address **Sweet Springs, Mo.** Date signed **5/7/48**

RECEIVED

District Health Officer No. 8,

District File Number _____

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.