S. No. 2
1—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1948

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 15351

Registrar's No. 66

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain (0)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 311 S. Walnut St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Doris Jean Hoffman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single (0)

6. (b) Name of husband or wife

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

7. Birth date of deceased April 23, 1948 (Month) (Day) (Year)

8. AGE: Years 0 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Mexico, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER
12. Name Robert Hoffman
13. Birthplace Mexico, Missouri (City, town, or county) 0 (State or foreign country)
14. Maiden name Lula Williams
15. Birthplace Wellesville, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Robert Hoffman
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl T. Pruitt
(b) Address Mexico, Mo.

19. (a) 6/5/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4 year 48 hour 5:40 minute A M.

21. I hereby certify that I attended the deceased from 4-13-48, 19..., to 5-4-48, 1948 that I last saw h. alive on 5-4-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infant — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

139

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. J. Elton (M. D. or ~~Other~~)
Address Mexico, Mo. Date signed 5-4-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-29-1029
Date Filed JUN 8 - 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Earl E. Prude

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.