

FILED JUL 12 1948
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 2705

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 48 years
years, months or days)

3. (a) PRINT FULL NAME Meyer Hoffman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased unknown 3-15-1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>73</u> | <u>3</u> | <u>12</u> | hr. _____ min. |

9. Birthplace Lithuania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Industry or business XX

12. Name William Hoffman

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

14. Maiden name Peshye (unknown)

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

Informant Mr. Al Hoffman

Address 300 E. Armour

16. Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48
(Month) (Day) (Year)

Place: burial or cremation Mt. Carmel

(g) Signature of funeral director J. P. Louis Funeral Home

(h) Address 3400 Woodland Ave, K. C. Mo.

19. (a) 6-29-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3519 Charlotte
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 8:30 P.M. minute P M.

21. I hereby certify that I attended the deceased from June 26th, 1948, to June 27th, 1948
that I last saw him alive on June 27th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 24 hours

Due to Hypertension
arterio Sclerosis

Due to _____

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 Joseph Beleson (M. D. or other) M.D.
Address 1219 Kralto Bldg Date signed 6-27-48

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

COPY by [unclear] 6/29/48

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.....

Licensed Embalmer No. *3756*

P. O. Address *R. C. Mc*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2705

On this 28th day of July, 1948, before me appears Al
Hoffman, who, upon his oath, states that the original record of ^{birth} death
for Meyer Hoffman died June 27, 1948, in the State of
Missouri, and which was filed at Kansas City on 6-29, 1948, should be corrected as follows:

Item No. 7 should read March 15, 1875

Instead of Unknown

Item No. 8 should read 73 - 3 - 12

Instead of 78

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Al Hoffman Son
Relationship.

300 East Armour
Present Address.

Subscribed and sworn to before me this 28 day of July, 1948.

My Commission expires Oct 21, 1951 Carrie M. Puppelius Notary Public.

S-19506