

FILED AUG 3 1948

State File No. _____

Registration District No. 281

Primary Registration District No. 5853

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Wilcox *new Park Inn*

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Burlington Jct
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Andy Hoffman

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

4. Sex M D 5. Color or race W

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

6. (b) Name of husband or wife Laura Rogers Hoffman Age of husband 36 years

7. Birth date of deceased April 5, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Carrington N. Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. employee

11. Industry or business Section Overseer

12. Name Gotleb Hoffman

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Laura Hoffman

(b) Address Burlington Jct Missouri

17. (a) burial (b) Date thereof 7/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ohio Cemetery

18. (a) Signature of funeral director _____

(b) Address Burlington Jct Mo

19. (a) 7-24-48 (b) Bers, Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day July 7
year 1948 hour 6:10 minute P M.

21. I hereby certify that I attended the deceased from Dec 6, 1946 to July 7, 1948

that I last saw him alive on July 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 days Paralysis of extremities?

Due to Senile or cerebral arteriosclerosis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? 6

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature B. J. Law (M. D. or other) 4410

Address Burlington Jct Mo Date signed 7/9/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

DISTRICT HEALTH OFFICE
COLUMBIA, Mo.

AUG 5 1948

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.