

Registration District No. 389

Primary Registration District No. 5163

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Tebbetts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Fifteen (15) years (Specify whether years, months or days)
In this community years, months or days

3. (a) PRINT FULL NAME Lena HOFFMANN

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

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

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased February 18, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	5	23	hr. min.

9. Birthplace Osage County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Hermann Stock

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

14. Maiden name Carolyn Tucker

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

16. (a) Informant Mrs. Emma Varnes

(b) Address 3317 E. 13th Witchau, Kan.

17. (a) Burial (b) Date thereof 8/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View

18. (a) Signature of funeral director Glen G. Mangin
712 Court St., Fulton, Mo.

(b) Address _____

19. (a) Aug 20-48 (b) LeRoy Cluydore
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Tebbetts
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1948 hour 10 minute 28 P.M.

21. I hereby certify that I attended the deceased from June 9, 1947, to Aug. 11, 1948
that I last saw her alive on Aug. 11
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Chronic Nephritis

Due to _____

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

Major findings:
Of operations IB
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? _____

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

23. Signature W. Williams (M. D. or other) _____
Address Mokane, Mo Date signed 8-13-48

Duration 8-18-48

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

OFFICE NO. 91

RECEIVED

Health Officer

Date Filed

SEP 3 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....., Registered Apprentice No..... working under my personal supervision.

Signed Glen Y. Mangin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.