S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29091

FILED OCT 6 1948

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 298

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Hospital Cape Girardeau Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson
(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

3. (a) PRINT FULL NAME Annie Louise Hoffmeister
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife L.C. Hoffmeister
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 28 (Day) 1868 (Year)

8. AGE: Years 80 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Yount Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Isaac Meyer
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth (Last name Unknown)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Miss Lenora Hoffmeister
(b) Address Jackson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights
18. (a) Signature of funeral director McCombs Funeral Co.
(b) Address Jackson Mo.
19. (a) 9-30-48 (Date received local registrar) (b) C.C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-15, 1948 to 9-28, 1948 that I last saw her alive on 9-28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Due to (1 - Hypertension
(2 - Myocarditis
Due to (3 - Uremia
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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

23. Signature Albert M. Estes (M. D. or other) MD
Address ~~[illegible]~~ Jackson, Mo Date signed 9-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1048-1240
Date Filed 10-4-48

OCT 23 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 Thos. E. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

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.