No. 300
10.48

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7976

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 56

36
4
2

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington U
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE: Missouri
b. COUNTY: Franklin 26
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pacific 2
d. STREET ADDRESS (If rural, give location): -- 5

3. NAME OF DECEASED (Type or Print)
a. (First): AMELIA
b. (Middle): JOHANANNA
c. (Last): HOFFMAN

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1949

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 23, 1881
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 5, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Missouri U.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Kreienkamp
13b. MOTHER'S MAIDEN NAME: Sarah Grah
14. NAME OF HUSBAND OR WIFE: Alex Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -- (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Doris Hoffman — ADDRESS: Pacific, Missouri.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma uterus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Carcinomatous growth in Cavity of uterus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Washington Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 26, 1949, *to* March 29, 1949, *that I last saw the deceased alive on* Mar 29, 1949 *and that death occurred at* 8:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lo Munch U M.D.
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 3-29-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11, 1949
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial
24d. LOCATION (City, town, or county) (State): Pacific, Missouri.

DATE REC'D BY LOCAL REG.: Mar. 30, 1949
REGISTRAR'S SIGNATURE: [signature] 99
25. FUNERAL DIRECTOR'S SIGNATURE: Jno. L. Shakes — ADDRESS: Pacific Mo

—(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Division of Health Office No. 9,
APR 5 1949

APR 7 1949

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 _____ Student Embalmer No. _____, working under my personal supervision.

Signed Jno L Thurbes

Licensed Embalmer No. 3008

P. O. Address Pacific, Mo

Signed _____
Student Embalmer

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.