

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19588
State File No. 2335

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 3416 Garfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3416 Garfield			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lou c. (Last) HOFFMAN			4. DATE OF DEATH (Month) (Day) (Year) May 28 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 30, 1895		9. AGE (In years last birthday) 54.53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U S		10b. KIND OF BUSINESS OR INDUSTRY Home	

13a. FATHER'S NAME Unknown Duke		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Charles A. Hoffman	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 194-30-7433		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. A. Hoffman 3416 Garfield K.C. Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis ANECEDENT CAUSES DUE TO (b) chronic nephritis DUE TO (c) asthma + Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241X				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-2, 1949, to 5-28, 1949, that I last saw the deceased alive on 5-28, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Chas. E. Montgomery M.D.		23b. ADDRESS 306-E-12-K.C. Mo		23c. DATE SIGNED 5/28/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-31-49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) K.C. Mo	
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DATE REC'D BY LOCAL REG. 5-30-49		REGISTRAR'S SIGNATURE Rosaline Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed

Glen E. Heck

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.