

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4305

BIRTH NO. REG. DIST. NO. 977 PRIMARY REG. DIST. NO. 3016 Registrar's No. 31

264

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

1. PLACE OF DEATH a. COUNTY <u>Cole Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jefferson City MO.</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Jefferson City MO 62664</u>	
d. STREET ADDRESS (If rural, give location) <u>109 N. McCarty St. @</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Emma</u> b. (Middle) <u>K</u> c. (Last) <u>HOFMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 24 1875</u>
9. AGE (In years last birthday) <u>74</u>		10. AGE (In years last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Osage City MO D</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John A Hofmann</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Schneider</u>	14. NAME OF HUSBAND OR WIFE
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Henry Pope Jefferson City Mo.</u>
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) <u>Cerebral Leukoplakia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.		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 <u>Jan 28</u> , 19 <u>50</u> , to <u>Feb 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 2</u> , 19 <u>50</u> , and that death occurred at <u>3:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>NR Aldredge MD</u>		23b. ADDRESS <u>First Bldg. Jefferson City, Mo</u>	23c. DATE SIGNED <u>2/8/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 6 - 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Review Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City MO</u>
DATE REC'D BY LOCAL REG. <u>Feb 8 - 1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD - NR</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope J Gordon Jefferson City Mo</u>	

District File Number

District Health Officer No. 9,

RECEIVED FEB 12 1950

APR 1 1955

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.

Student Embalmer No.

Student Student Embalmer

Signed

Lester Sweeney J

Licensed Embalmer No.

4712

P. O. Address

Jefferson city

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.