

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37071**
Registrar's No. **4819**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 c. LENGTH OF STAY (in this place) 35 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
 d. STREET ADDRESS (If rural, give location) 345 N. Wheeling

3. NAME OF DECEASED
 a. (First) Lulu b. (Middle) _____ c. (Last) Hoffman
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
11 15 50

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) widowed **8. DATE OF BIRTH** May 10, 1896 **9. AGE** (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Lon Shepherd **13b. MOTHER'S MAIDEN NAME** Susan Stone **14. NAME OF HUSBAND OR WIFE** Fritz Hoffman

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.** 496-07-9983 **17. INFORMANT'S SIGNATURE OR NAME** Fritz Hoffman **ADDRESS** 345 N. Wheeling

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

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH
593X

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **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 Nov. 13, 1950, to Nov. 15, 1950, that I last saw the deceased alive on Nov. 15, 1950, and that death occurred at 9:12P m., from the causes and on the date stated above.

23a. SIGNATURE Edward H. Stretmeyer, M.D. **23b. ADDRESS** 24th & Cherry **23c. DATE SIGNED** 11-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 11-18-50 **24c. NAME OF CEMETERY OR CREMATORY** Forest Hill **24d. LOCATION** (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-18-50 **REGISTRAR'S SIGNATURE** Seraldine Holmes **25. FUNERAL DIRECTOR'S SIGNATURE** FREEMAN MORTUARY & CHAPEL, K.C., MO. **ADDRESS** _____

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

R. Houston

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.

Signed

Willis H. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *R.C., 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.