

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1953

State File No. **1478**
Registrar's No. **184**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1902

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>47 YEARS</u>		3518	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH Medical Center</u>		d. STREET ADDRESS (If rural, give location) <u>3828 WARWICK BLVD.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u> b. (Middle) <u>W.</u> c. (Last) <u>HOFMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 12 53</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	
8. DATE OF BIRTH <u>SEPT-15-1905</u>		9. AGE (in years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHERIFF</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>DEPUTY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>OTTOCAR HOFMANN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA CARMELITA ROBERTS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. BEULAH I. HOFMANN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-22-1568</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. BEULAH I. HOFMANN</u> ADDRESS <u>3828 WARWICK KANSAS 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Pneumonia</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>20 years</u> <u>025X</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Min.)		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 Jan 19, 1953, to Jan 12, 1953, that I last saw the deceased alive on Jan 12, 1953, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Landis Elliott</u> (Degree or title) <u>M.D. MD</u>		23b. ADDRESS <u>1418 Professional Bldg.</u>		23c. DATE SIGNED <u>1-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JAN 14 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u> ADDRESS <u>1331-1333 S. W. 10th St. KANSAS CITY, MO.</u>		DATE REC'D BY LOCAL REG. <u>1-14-53</u> REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	

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

Edward M. Stoney

Licensed Embalmer No.

4452

P. O. Address

15 E. 4th

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.