

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42960

State File No.

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5608

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>50 yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</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 OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>50</u>		e. STREET ADDRESS (If rural, give location) <u>50 300 EAST Armour 3508</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Menorah</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander</u> b. (Middle) <u>Hoffman</u> c. (Last) <u>Hoffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 26, 53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-14-1902</u>	9. AGE (In years last birthday) <u>51</u>	10. IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer 18th + Woodland</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Lithuania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Meyer Hoffman</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hilda</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-09-3570</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Bloustone</u>	ADDRESS <u>1205 May wood</u>
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18. CAUSE OF DEATH Enter only one cause per item for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MALIGNANT Melanoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 Mon.</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Primary site jaw bone</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) <u>Chronic lymphatic Leukemia</u>		

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 1953, to 11-26, 1953, that I last saw the deceased alive on 11-26, 1953, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Marcus Heller, M.D.</u> (Degree or title)	23b. ADDRESS <u>416 Bryant Bldg</u>	23c. DATE SIGNED <u>11-27-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-28-53</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Fun'l Home</u>	ADDRESS <u>K.C., Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Ms
2/34

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.....
Signature of Student Embalmer

Signed.....
Paulie Lewis

Licensed Embalmer No. *3110*
P. O. Address *F. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

608.55

42960

I, Shirley Hoffman Fogel, Daughter of Al Hoffman, do hereby swear and affirm that the birth date of my father, Al Hoffman, is Mar. 14, 1892.

Shirley Hoffman Fogel

Subscribed and sworn before me, this 15th day of January, 1954

My Commission Expires March 23, 1955

Sam Saffran
Notary

1010 No 63rd
Omaha, Neb.

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