S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12932

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 Second Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 4 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Linn Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Prairie Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura C. Hoffmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Hoffmann

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 12 (Month) 20 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4		hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm Dedrich
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Banwarth
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Anna F. Franken
(b) Address 215 2nd St Boonville

17. (a) Removal (b) Date thereof 4-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gedron Cem.

18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prairie Home Mo.

19. (a) 4-23-47 (b) D. E. Hooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1947 hour 2 minute a.M.

21. I hereby certify that I attended the deceased from April 19, 1947, to , 19
that I last saw her alive on April 19 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	-
Due to	
Due to	
Other conditions Diffuse Carcinoma Abdomen (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. L. Dickmeyer M.D. (M. D. or other)
Address Boonville Mo. Date signed 4/21/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-7-47

MAY 8 1947

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.