

DEPT JUL 18 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22733

Do not use this space.

1. PLACE OF DEATH

(a) County Monticau Registration District No. 577
 (b) Township Pilot Grove Primary Registration District No. 5775
 (c) City or (d) Street No. 123 St. David Lee Hofstetter
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 9

2. PRINT FULL NAME

(a) Residence, No. 123 St. David Lee Hofstetter
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. One

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

FATHER 13. NAME Waldo Hofstetter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

MOTHER 15. MAIDEN NAME Helen Fuchs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo

17. INFORMANT (ADDRESS) Ben Fuchs

18. BURIAL, CREMATION OR REMOVAL PLACE Highland Cemetery DATE 6/17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Belcher & Spalding California

20. FILED 6-18-39 Nadine Latham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1939

22. I HEREBY CERTIFY That I attended deceased from June 15 1939 to June 16 1939
 Last saw him alive on June 16 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 6/15/39

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) N. F. Benion M. D. 3
 (Address) California, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.