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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29882

FILED SEP 24 1940  
840

Registration District No. \_\_\_\_\_

Primary Registration District No. 6102 4511

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Paris, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Paris Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Anna Stutz 332

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 22 day Aug  
year 1940 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from early  
1939 to Aug 22 1940  
that I last saw her alive on Aug 22 1940  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years  
(Month) (Day) (Year)

7. Birth date of deceased Aug 16 - 1852  
(Month) (Day) (Year)

Immediate cause of death Infirmities of old age

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 162

8. AGE: Years 88 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

MOTHER FATHER {

12. Name Joseph Hoffman's

13. Birthplace Whittenburg, Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Rice

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henny Caley

(b) Address Paris, Mo

17. (a) Burial (b) Date thereof 8-23  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris - 5098

18. (a) Signature of funeral director Watkins - 5098

(b) Address Dexter, Mo

19. (a) 8-26-1940 (b) Demaria Haupt  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature D. Sherr (M. D. or other) \_\_\_\_\_  
Address Paris Date signed Mo

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

