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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED AUG 15 1941
861

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26454
Registrar's No. 24

Registration District No. _____

Primary Registration District No. 6173

1. PLACE OF DEATH:
(a) County WARREN
(b) City or town RURAL (PINCKNEY)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

3. (a) PRINT FULL NAME FREDERICK OFFEL
3. (b) If veteran, name war _____
3. (c) Social Security No. none

4. Sex MALE race WHITE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 14 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 13 hr. min.

9. Birthplace WARREN COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER, FATHER {
12. Name CHRISTOPHER OFFEL
13. Birthplace GERMANY
14. Maiden name CHRISTINA SCHAFFERFRANZ
15. Birthplace GERMANY

16. (a) Informant FRANK E. HOELSCHER
(b) Address TRELOAR, MO.
17. (a) Burial (b) Date thereof 7-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: HOFSTEIN, MO.

18. (a) Signature of funeral director J.W. Neuhoff & Co.
(b) Address Warrenton, Mo.
19. (a) July 30, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WARREN 109
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27
year 1941 hour 2 minute 25 A.M.
21. I hereby certify that I attended the deceased from July 12
1941 to July 27 1941
that I last saw him alive on July 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
6 mos
Duration

Due to _____
Due to _____
Other conditions Chr. myocarditis 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other) _____
Address Warrenton, Mo. Date signed July 28, 41

(Licensed Embalmer's Statement on Reverse Side)

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

