

REC'D JAN 2 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

42179

Do not use this space.

## 1. PLACE OF DEATH

(a) County Atchison; Registration District No. 20  
 (b) Township Polk-Tarkio; Primary Registration District No. 5027  
 (c) City Tarkio, Mo. R.F.D.; (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 78 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 414 JOHN CLOEPFIL

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

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 10 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Atchison County Mo

13. NAME Conrad Cloepfil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Baumhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Olin Cloepfil  
Tarkio, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Linden, Cem DATE Jul 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) N.B. Clement  
Tarkio, Mo.

20. FILED July 10, 1938 Olin Cloepfil  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938, to July 9 1938  
 last saw him alive on July 9 1938. Death is said to have occurred on the date stated above, at 1:20 A.M.  
 The principal cause of death and related causes of importance were as follows:

Myocardial Infarct -  
asthma.  
Senility

Date of onset 1937

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Plum Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_ (Signed) Olin Cloepfil, M. D.

(Address) Tarkio, Mo.

112  
Rm  
4/1/80

**STATEMENT BY LICENSED EMBALMER**

I, W. S. Bennett, Licensed Embalmer No. 3381  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. Bennett  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed W. S. Bennett  
Licensed Embalmer No. 3381

**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.)**