

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

11542

Do not use this space.

REC'D APR 20 1939

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Massena Primary Registration District No. 3079
 or Hannibal
 (c) City Hannibal (d) Street No. 313 Center St St.
 (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 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 94

2. PRINT FULL NAME

Cassie Lopp
 (a) Residence, No. 313 A Center St 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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Lopp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18th 1896
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
42 8 11 or
 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. none
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Marion City, Mo (STATE OR COUNTRY)

FATHER 13. NAME John Taylor

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

MOTHER 15. MAIDEN NAME Hattie Cord

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Monroe City, Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mr Belle Harris
Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) St. Charles Cemetery
Hannibal Mo DATE 3-13 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son (ADDRESS) Monroe City, Mo

20. FILED 3/13 1939 H.C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11th 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1939 to Mar 11 1939
 I last saw her alive on Feb 27 1939. Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
hypertension and functional heart disease
 Other contributory causes of importance:
none
 Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

Date of onset unknown
2003 yrs.

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) E.P. Motley M. D.
Hannibal, Mo.
 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Leslie L. Wilson

Licensed Embalmer No. *3014*

P. O. Address *Memphis City, 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, above space should be left blank.