

AUG 7 1939

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

25711
Do not use this space.

1. PLACE OF DEATH

(a) County Henny Registration District No. 347
 (b) Township..... Primary Registration District No. 3018 Registered No.....
 (c) City Clinton or..... (d) Street No..... 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles R Hoppe

(a) Residence, No. 214 W Jefferson 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>6</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cigar Mfr

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 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

FATHER

13. NAME Wm Hoppe

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

MOTHER

15. MAIDEN NAME Louise Mack

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

17. INFORMANT (ADDRESS) Lena Hoppe Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 7-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Wilkinson Clinton Mo

20. FILED 7-29 1939 W. B. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1939, to 7-18 1939
 I last saw him alive on 7-18 1939. Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Chronic Hypertension

Other contributory causes of importance: A2C
Hypertension

Date of onset 7-17-39

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) James L. Smith M. D.
Clinton Mo

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.

RECEIVED
District Health Officer No. 7
District File Number 7-35-108
Date Filed 8-2-39

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

Fred W. Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton, N.C.

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.