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

32120
Do not use this space.

1. PLACE OF DEATH (a) County Cass Registration District No. 156
(b) Township Primary Registration District No. 4090 Registered No. 59
(c) City Harrisonville (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
15-0

2. PRINT FULL NAME Charlottie L. Opp
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-186

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Maker
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) Ohio

FATHER
13. NAME (?) Russell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Mary Ann (?)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT E E Lasley
(ADDRESS) Belton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE 9/26 1939

19. FUNERAL DIRECTOR (NAME) RUNNEBURGER'S
(ADDRESS) HARRISONVILLE, MO.

20. FILED 9-25 1939 E E Lasley M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1939, to Sept 23, 1939
I last saw h. at alive on Sept 23, 1939. Death is said to have occurred on the date stated above, at 1:00 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	
Other contributory causes of importance:	

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) E E Lasley, M. D.
(Address) Harrisonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Runnenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.