

WRITE CLEARLY, 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.

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

32906  
Do not use this space.

OCT 20 1939

1. PLACE OF DEATH

(a) County McDonald Registration District No. 1167

(b) Township Richwood Primary Registration District No. 6699 Registered No. 32

(c) City Rocky Comfort (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(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.

2. PRINT FULL NAME David H. Dopp

(a) Residence, No. Rocky Comfort, MO St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8th 1865

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>9</u>	<u>2</u>	

OCCUPATION

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) Benton Co. Ark.

FATHER

13. NAME Henry Dopp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) new York

MOTHER

15. MAIDEN NAME Sarah Short

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. k.

17. INFORMANT Sena Dopp (ADDRESS) Rocky Comfort, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rocky Comfort DATE Sep 11th 1939

19. FUNERAL DIRECTOR Horine -culver (ADDRESS) Cassville, MO.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1939, to Sept 10, 1939. I last saw he alive on Sept 5, 1939. Death is said to have occurred on the date stated above, at 4 P. M. The principal cause of death and related causes of importance were as follows:

Initial Respirations

Date of onset Sept 4 1939

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) J. P. Edmondson, M. D. (Address) at Rocky Comfort, MO.

20. FILED 10-3 19 39 Ada Collins Local Registrar

STATEMENT BY LICENSED EMBALMER

I, J. E. Culver, Licensed Embalmer No. 3584

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

No. .... or by L. E. Jack Canada, Registered Apprentice No. 225  
working under my personal supervision.

Signed: J. E. Culver  
Licensed Embalmer No. 3584

**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.)**