

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

2110
Do not use this space.

1. PLACE OF DEATH

(a) County Liberty Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5-250 Registered No. 11
 (c) City _____ (d) Street No. J.O.O.F. Home St. _____
 (e) Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Blanch D. Hoop
J.O.O.F. Home, Liberty, Mo. (Usual place of abode, if no street address, write county & 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 widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Paul G. Hoop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1884

7. AGE YEARS 56 MONTHS 0 DAYS 18 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. in mate g
 9. Industry or business in which work was done, as saw mill, bank, etc. J.O.O.F. Home
 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) Quintman Mo

FATHER 13. NAME J. L. Rappinger

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

MOTHER 15. MAIDEN NAME Sophia Nash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Paul G. Rogers Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Midway DATE Feb 1 - 40

19. FUNERAL DIRECTOR (ADDRESS) Chas. Archer Co Liberty, Mo

20. FILED Feb 10 1940 W.H. Sheffer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 40

22. I HEREBY CERTIFY, that I attended deceased from Nov 1 36 to Jan 31 40

I last saw him alive on Jan 30 40 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset _____

Other contributory causes of importance: Arteriosclerosis

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? Yes

If so, specify In workshop

(Signed) W.H. Sheffer, M. D.

(Address) Liberty 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)