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

FILED MAR 7 - 1940

5854
Do not use this space.

1. PLACE OF DEATH
(a) County Benton — Registration District No. 61
(b) Township or — 2 Primary Registration District No. 4036 — Registered No. 6
(c) City Warsaw — (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.

2. PRINT FULL NAME 100 Emily J. Lopp.
(a) Residence, No. Warsaw, Mo. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andrew J. Lopp.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 24, 1858
7. AGE: Years 81 — Months 3 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Home
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): Fristoe Mo. 0

FATHER
13. NAME: Jacob Gentry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia 1

MOTHER
15. MAIDEN NAME: Suzanna Kirby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 1

17. INFORMANT (ADDRESS): Pearl Kidwell, Warsaw, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fristoe Cem. DATE 2/10 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. M. White, Warsaw, Mo.
20. FILED 2/29 1940 Jas A Logan, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 7, 1940
22. I HEREBY CERTIFY, That I attended deceased from 2-7-, 1940, to 2-7-, 1940
I last saw her alive on 2-7-, 1940. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchial	

Other contributory causes of importance: 107 W

Name of operation: None — Date of
What test confirmed diagnosis? — Was there an autopsy? No

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. None
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H G Savage, M. D.
(Address) Warsaw

65

(Licensed Embalmer's Statement on Reverse Side)

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.

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NOV 19 1941

RECEIVED
District Health Officer No. 7
District File Number 3-40-330
Date Filed 3/4/46

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 Berl J. Miller

Licensed Embalmer No. 3752

P. O. Address Warsaw, 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.