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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21153

State File No.

JUL 1 1940

Registration District No. 64

Primary Registration District No. 5100

Registrar's No. 9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Benton

(b) ~~City or town~~ Rural - Fristoe

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton

(c) City or town Rural - Fristoe

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Thos. Lopp 100

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Wht

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eura A. Lopp

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 16 (Day) 1871 (Year)

8. AGE: Years 68 Months 6 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Bennett Lopp
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name America Passley
15. Birthplace (City, town, or county) Alabama (State or foreign country)

16. (a) Informant

(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation Fristoe Cem

18. (a) Signature of funeral director J R Luckey

(b) Address Wheatland Mo

19. (a) May 15, 1940 (Date received local registrar) (b) M. C. Watson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1940 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from Mar. 10, 1940, 19, to May, 6, 1940, 19; that I last saw him alive on May 5, 1940, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of liver	8 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations cancer of liver

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Guss C Salley (M. D. or other) D.O.

Address Warsaw, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-40-912
Date Filed 6-20-42

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 J R Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland

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

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