

2
10-39
7-39
21-292

DEC 12 1940
Registration District No. **8051**

Primary Registration District No. **6050**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Central Lambert
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

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

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Rebecca Hoops

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1940 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1940, 19____, to Nov 9 1940, 19____; that I last saw her alive on Nov 7, 1940, 19____; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joe Hoops 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 22 1853
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____

Due to Cerebrovascular disease

Due to hypertensive disease

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 87 Months 6 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Alexander Doppe

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Nolan

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations _____ 92C **PHYSICIAN** _____

Of autopsy _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Lory Harris

(b) Address Wilmington, Mo.

17. (a) Burial (b) Date thereof 11 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City Cemetery

18. (a) Signature of funeral director W. C. Lenton

(b) Address Lancaster, Mo.

19. (a) Nov 11 (b) Byrdick, State deputy
(Date received local registrar) (Registrar's signature)

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? 719

23. Signature [Signature] (Specify type of place) _____ (Means of injury) 3

Address Lancaster, Mo. Date signed 9/14/40

RECEIVED

District Health Officer No. 10

District File Number 12-40-2251

Date Filed DEC 11 1940

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.....

D. O. Fenton....., Registered Apprentice No. 3705
working under my personal supervision.

Signed D. O. Fenton.....

Licensed Embalmer No. 3705.....

P. O. Address Lancaster, Pa.

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

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