o. 2
-13-40
17-39
X23159

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

FILED MAY 7 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14976

Registration District No. 460 | Primary Registration District No. 4274 | Registrar's No. 18

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Higginsville
(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 years, months or days) In this community 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lafayette
(c) City or town: Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME: August W. Schoppenhorst
3. (b) If veteran, name war: ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Martha Schoppenhorst
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: June (Month) 1 (Day) 1859 (Year)

8. AGE: Years 81 | Months 9 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: Hopewell (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: ____

MOTHER FATHER
12. Name: Henry Schoppenhorst
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Christina Hopcorn
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Martha Schoppenhorst
(b) Address: Higginsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Evangelical Cemetery
18. (a) Signature of funeral director: B. Meinershagen
(b) Address: Higginsville Mo.
19. (a) April 14 1940 (Date received local registrar) (b) Tipsy Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7 year 1940 hour 7:10 minute A.M.
21. I hereby certify that I attended the deceased from June 30, 1940, to March 7, 1940, that I last saw him alive on Mar 7, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Tongue	1 yr.
Due to:	
Due to:	
Other conditions: Intermittent Claudication + myocarditis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations: 1 Dr — 4 2
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): No
(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? 4 3 (Specify type of place)
While at work? — (e) Means of injury: —

23. Signature: E. M. Moore (M. D. or other) M.D.
Address: Higginsville Mo Date signed 3-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
Notice File Number
Date Filed 5-6-41

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 Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

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

If this body is not embalmed, fact should be so stated above.