

FILED AUG 14 1941

Registration District No. 8

Primary Registration District No. 6098R

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town Rural Liberty Twp
(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 Missouri (b) County Stoddard 103
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Dexter #4
(If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Alonzo Benjamin Wolpers

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

4. Sex Male 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mina Wolpers 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 16 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Eric Wolpers

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

14. Maiden name Nancy Williams

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

16. (a) Informant Mrs. Mina Wolpers

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 8-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duncan Cemetery Blankenship-Strickland

18. (a) Signature of funeral director _____

(b) Address Dexter, Mo.

19. (a) 8/4/1941 (b) Jennie Beutler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31
 year 1941 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov. 1940
1st to July 31 1941
 that I last saw him alive on July 31 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature D.P. Cannon (M.D. or other) 2

Address Dexter Date signed 7/31/41

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

RECEIVED
District Health Office
District File Number 841-1
Date Filed 8-12-4

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.....

J. E. Stuchlik....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
J. E. Stuchlik
Licensed Embalmer No. 3479
P. O. Address Dexter, 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, fact should be so stated above.