

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1041

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

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH, Mo.
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 yr. 14 da.
(Specify whether
In this community: all of life, 1 yr. 14 da.
years, months or days)

3. (a) PRINT FULL NAME: Robert C. Oppatt
3. (b) If veteran, name war: _____
3. (c) Social Security No.: None

4. Sex: male 5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 2 (Month) 7 (Day) 1882 (Year)

8. AGE: Years 79 Months 9 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation: farmer

11. Industry or business: _____

12. Name: no info

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

14. Maiden name: _____

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

16. (a) Informant: Jackson County Coroner
(b) Address: Kansas City, Mo.

17. (a) Burial (b) Date thereof: Nov. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: State Hosp #2 Cam

18. (a) Signature of funeral director: J. J. Joseph
(b) Address: St. Joseph, Mo.

19. (a) Nov. 3, 1941 (b) J. J. Joseph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Jackson
(c) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1413 Clark St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 30
year 1941 hour 3-40 minute 0 M.

21. I hereby certify that I attended the deceased from Oct. 16, 1941 to Oct. 30, 1941
that I last saw him alive on Oct. 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia Duration: 1 wk.

Due to: Cardiac hypertrophy

Due to: _____

Other conditions: 101
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: see above myocardial fibrosis

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) (e) Means of injury: _____

23. Signature: J. J. Joseph (M. D. or other) M. D.
Address: St. Joseph, Mo. Date signed: 10/30/41

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 _____

not embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph Md

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.