

FILED JAN 20 1942

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Herry

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

(c) Name of hospital or institution:
214 W. Jeff. St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Herry

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

(d) Street No. 214 W. Jefferson St.
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK ALBERT HOPPE

3. (b) If veteran, name war None

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1941 hour 8:50 minute A.M.

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan 8 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-16, 1941, to 12-28, 1941; that I last saw him alive on 12-15, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 11 Days 20 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis with Decompensation 10 mo.

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

10. Usual occupation Sheet metal worker

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

11. Industry or business ✓

MOTHER FATHER { 12. Name William Hoppe

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

14. Maiden name Louise Mache

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

Major findings: Of operations 93d

Of autopsy _____

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

16. (a) Informant's own signature Miss Lena Hoppe

(b) Address 214 W. Jefferson St. Clinton mo

17. (a) Burial (b) Date thereof Dec 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director H. A. Vansant

(b) Address Clinton mo

19. (a) Dec 30 1941 (b) Georgia Kitchen
(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? _____

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

23. Signature Eugene A. Nevill (M. D. or other) md

Address Clinton mo Date signed 12-29-41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
1 x 10 1/2

12-41-2177

1-13-42

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.....

W. A. Vansant, Registered Apprentice No.....
working under my personal supervision.

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton 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, above space should be left blank.