

FILED JUL 15 1942

Registration District No. **460**

Primary Registration District No. **4273 5624A**

Registrar's No. **33**

**1. PLACE OF DEATH:**  
(a) County Lafayette  
(b) City or town Higginsville Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Davis Surg  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
in this community years, months or days)

**3. (a) PRINT FULL NAME** Crawford Harrison Hooppner  
3. (b) If veteran, name war: ---- 3. (c) Social Security No. ----

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife: ----- 6. (c) Age of husband or wife if alive ----- years (Month) (Day) (Year)

7. Birth date of deceased: Oct. 8 - 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
8 28 -- hr. min.

9. Birthplace Higginsville. Rural Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation -----

11. Industry or business -----

12. Name Ralph Hy. Hooppner

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

14. Maiden name Marie C. Harrison  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ralph Hooppner

(b) Address Higginsville Rural Mo.

17. (a) Burial (b) Date thereof 7-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayview Mo

18. (a) Signature of funeral director Robert Halperin

(b) Address Higginsville Mo.

19. (a) July 7 - 1942 (b) Dr. W. A. Braecklein  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Lafayette  
(c) City or town Higginsville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. ----- (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country -----

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month July day 6th  
year 1942 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 8 to July 6 1942  
that I last saw him alive on July 6 (cont) and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease Blue Baby  
Duration 9 mos.

Due to -----

Due to -----

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

Major findings: 1572  
Of operations -----

Of autopsy -----

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 R. Hooppner (M. D. or other) MA

Address Higginsville Mo Date signed 7-7-1942

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

54  
0  
0

54  
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-13-42

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**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.

*Assisted by*  
*F. M. A. A. A.*

Signed *Alfred H. A. A.*

Licensed Embalmer No. *1539*

P. O. Address *Highland 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.**