

FILED SEP 10 1943

Registration District No. 1

Primary Registration District No. 5429

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gerald, Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lyon Trup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Gerald, Missouri Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Minnie Annie Hoepfner

3. (b) If veteran, name war --

3. (c) Social Security No. ---

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

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April 10 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 16 hr. min.

9. Birthplace Stone Church North Gerald
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business --

MOTHER FATHER { 12. Name Herman Overkamp
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Hoepfner

(b) Address Rosebud, Missouri R1

17. (a) Burial (b) Date thereof Aug 29, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul--Gerald, Mo

18. (a) Signature of funeral director Ernst L. Oltmann

(b) Address Gerald, Missouri

19. (a) Aug 28 43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1943 hour 9:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from June, 1942, to Aug 26, 1943
that I last saw him alive on Aug 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to 93d

Other conditions Chronic Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
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) (c) Means of injury _____
23. Signature Charles A. Schmidt (M. D. or other) _____
Address Gerald, Mo Date signed 8-28-43

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

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..... *Ernest P. Dittmann*

Licensed Embalmer No..... 4054

P. O. Address..... Gerald, Missouri

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.