

FILED JAN 3 1944
 Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Cassas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2921 E. 14th Terrace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 70 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Cassas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2921 East 14th Terrace
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Pernie Hoppe
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 15
 year 1943 hour 2:30 minute 9 M.
 21. I hereby certify that I attended the deceased from _____
Reputable to _____, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife William Hoppe
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 2nd 1869
(Month) (Day) (Year)

Immediate cause of death _____
Arteriosclerotic Heart
 Due to Disease
 Due to _____
 Other conditions 93d
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 9 Days 13 If less than one day _____ hr. _____ min.
 9. Birthplace Cumberland Md. 1
(City, town, or county) (State or foreign country)
 10. Usual occupation none

Major findings: _____
 Of operations _____
 Of autopsy Inspection, and History
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Henry Martin
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Stuber
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. H. C. Gubman
 (b) Address 4212 Prospect
 17. (a) Burial (b) Date thereof 12-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director Norman Mortuary
 (b) Address 104 or 42nd
 19. (a) 12-16-43 (b) D. C. Brown
(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)
 (c) Means of injury _____
 23. Signature De E. Wosher (M. D. or other) M. D.
 Address 22 Mc Coy Date 12/17/43

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..... *Elmer C. Wedelin*

Licensed Embalmer No. *3495*

P. O. Address. *N. E. 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.