

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH

(a) County Cole
 (b) City or town Jefferson City, Mo.
 (c) Name of hospital or institution St. Mary's Hospital
 (d) Length of stay: In hospital or institution 1 week
 In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Jefferson City 5
 (d) Street No. 921 West High 4
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME HERMAN JOSEPH HOPEN

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Agnis Beckmann 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased November 2, 1881

8. AGE: Years 63 Months 20 Days 1 If less than one day hr. min.

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

10. Usual occupation Flour Sander

11. Industry or business Self

12. Name Antone Hopen

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

14. Maiden name Elizabeth Martin

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

16. (a) Informant Mrs. Hermann Hopen

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof 1/5/45 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Jefferson City, Mo.

19. (a) 1-4-45 (Date received local registrar) (b) Thermal Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1945 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 10 1943 to Jan 2 1945; that I last saw him alive on Jan 2nd 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Lympho-sarcoma Duration 18 Mo.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations Biopsy showed a lympho-sarcoma
 Of autopsy none

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Jefferson City, Mo. Date signed 1/4/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-17-45

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.....
Sylvester Dulle

Licensed Embalmer No. 4321

P. O. Address.....
Jefferson City, 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.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Herman J. Hoppen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased mod 2
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration _____

Due to was unable to determine the primary seat of the sarcoma.

Due to at the time of the biopsy had a generalized adenopathy.

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature W. J. Hillman (M. D. or other) _____

Address Jefferson City Mo Date signed 1-22-48

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

SUPPLEMENTARY

ADDITIONAL
 SUPPLEMENTARY
 INFORMATION
 REQUESTED

55

5-2044