V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1945

Registration District No. 1360

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18440

State File No.

Primary Registration District No. B225

Registrar's No. 80

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural, Washington Ter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 yrs 9 mo 18 days (Specify whether
In this community 33 yrs 9 months 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Greene
(c) City or town Unknown 108
(If outside city or town limits, write "RURAL") 0
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Louis Hopp
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 Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Unknown 1869 (Month) (Day) (Year)

8. AGE: Years 76 Months Unknown Days If less than one day hr. min.

9. Birthplace Belleville Ill (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Not given Unknown
13. Birthplace ✓ (City, town, or county) ✓ (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace ✓ (City, town, or county) (State or foreign country) 9
16. (a) Informant Admission Sheet
(b) Address ✓
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Soap Cemet.
18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo.
19. (a) 5-19-45 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1945 hour 4 minute 50 p.M.
21. I hereby certify that I attended the deceased from Oct 1 1943 to May 17, 1945
that I last saw him alive on May 17, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy-Chronic Myocardial Atlas	?
Due to Coronary Sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓ 93d
Of autopsy Yes
Coronary Sclerosis

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature R. G. Hall (M. D.)
Address Nevada Mo Date signed 5/17/45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District No. 5-45-487
Date Filed 6-6-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Mark Eichinger

Licensed Embalmer No. D6 56

P. O. Address Nevada, 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.