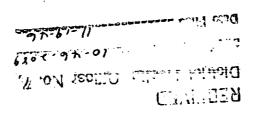
S. No. 2 THE STATE BOARD OF HEALTH OF MISSOURI DEPARTMENT OF COMMERCE STANDARD CERTIFICATE OF DEATH . 5-17-39 1 X3667 Registration District No. Primary Registration District No ... Registrar's No 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED. Henry PERMANENT RECORD Missouri (a) County..... Windsor Windsor (c) City or town..... (c) Name of hospital or institution: 212 PROIDS 212 Phelps Street (If not in hospital or institution, write street number or location) (If rural, give location) (d) Length of stay: In hospital or institution. No (e) Citizen of foreign country?.... 5 years In this community..... years, months or days) If yes, name country, MEDICAL CERTIFICATION Helena Hoeppner 20. DATE OF DEATH: Month October day 25th 3. (c) Social Security 3. (b) If veteran. minute 40 p. M INK-MAKE 21. I hereby certify that I attended the deceased from..... 5. Color or 6. (a) Single, widowed, married, and that death occurred on the date and hour stated above. Duration Carl Hoeppner Immediate cause of death... WRITE PLAINLY—USE UNFADING BLACK 7. Birth date of deceased. June 16 1885 (Day) 8. AGE: Days Years Months If less than one day 61 Benton County, (City, town, or county) (State or foreign country) at home Other conditions : (Include pregnancy within 3 months of death) 10. Usual occupation... 11. Industry or business Major findings: Martin Luther Beasley Of operations.... Underline Illinois the cause to 13. Birthplace... which death should be 14. Maiden name. charged sta-tistically. Illinois 15. Birthplace..... 22. If death was due to external causes, fill in the following: (State or foreign country) (City, town, or county) Raymond Hoeppner (g) Accident, suicide, or homicide (specify) 16. (a) Informant..... (b) Address Windsor Missouri (b) Date of occurrence... ____ (b) Date thereof Oct. 28, '46 (c) Where did injury occur?..... (City or town) (County) (Month) (Day) (Year) (d) Did injury occur in or about home, on farm, in industrial place, in public place? Windsor, Mo. (c) Place: burial or cremation.... 18. (a) Signature of funeral director. / (Specify type of place)
(e) Means of injury. While at work? Windsor. (b) Address..... (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the re	everse side of this certificate was embalmed by me, or by
	Registered Apprentice No
vorking under my personal supervision.	Ediler Kuntan

Licensed Embalmer No.

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.