

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37445
State File No. _____
Registrar's No. 178

FILED DEC 2 1947

Registration District No. 71

Primary Registration District No. 3018

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Francis Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 39 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs 1
(If outside city or town limits, write "RURAL")
(d) Street No. Francis Hotel 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Benjamin Franklin Lopp

3. (b) If veteran, name war No 3. (c) Social Security No. 500-12-385

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept. 27, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 19 _____ hr. _____ min.

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

10. Usual occupation Real Estate

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(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 Mrs. Thelma Wyble

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 11/18/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 11/18/47 (b) Caroline Delaney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1947 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from NOVEMBER
15 th 1947 to NOVEMBER 16, 1947.
that I last saw h. i. m. alive on NOVEMBER 16, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 12 hrs

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 _____ 0

23. Signature R. M. Cracker (M. D. or other) M. D.

Address EXCELSIOR SPRINGS, MO Date signed 11/17/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-1-47

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 Albert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.