

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15393**
Registrar's No. **36**

Registration District No. **32** Primary Registration District No. **4042**

1. PLACE OF DEATH:

(a) County **Bollinger**

(b) City or town **Lutesville** *Lorance*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mouser Nursing Home *4*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 months**
(Specify whether years, months or days)

In this community **45 years**

3. (a) PRINT FULL NAME **Robert Topping**

3. (b) If veteran, name war **Not Known**

3. (c) Social Security No. **Not Known**

4. Sex **Male** *0*

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single** *1*

6. (b) Name of husband or wife **None**

6. (c) Age of husband or wife if alive **29th, 1869**
(Month) (Day) (Year)

7. Birth date of deceased **December 29th, 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	0	hr. min.

9. Birthplace **Glasgow, Scotland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

11. Industry or business **Dry cleaning Shop**

12. Name **No record**

13. Birthplace **No record** *9*
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **No record** *9*
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. B. Hearnes**

(b) Address **Charleston, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **XXXX 5-30-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F. Cemetery Charleston, Mo.**

18. (a) Signature of funeral director **Joe R. Kinnel**

(b) Address **Charleston Mo.**

19. (a) **May 13, 48** (Date received local registrar)

(b) **Willie Dan Amburgey** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **Mississippi** *69*

(c) City or town **Charleston**
(If outside city or town limits, write "RURAL")

(d) Street No. **Commercial St.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **29th**
year **1948** hour **2:00** minute **30** P. M.

21. I hereby certify that I attended the deceased from **1948** to **1948**
that I last saw him alive on **4/28/48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Duration

Due to

Due to

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

Major findings:
Of operations *836*

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 **John J. Moore** (M. D. or other)

Address **Lutesville Mo.** Date signed **5/1/48**

RECEIVED

District Health Officer No. 4

District File Number 548-646

Date Filed 5-18-48

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address: Charleston, W. Va.

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.