

FILED JUN 29 1948

Primary Registration District No. **3020**

Registrar's No. **88**

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

1. PLACE OF DEATH:

(a) County **Franklin.**

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

(c) Name of hospital or institution: **320 Oak St.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None.** (Specify whether)

In this community **8 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin**

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

(d) Street No. **320 Oak St.**
(If rural, give location)

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

If yes, name country **X**

36
6
2
0

3. (a) PRINT FULL NAME **Elizabeth Mary Kopp.**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23rd.** year **1948** hour **3:00** minute **A.** M.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband **Martin George Kopp**

6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **December 11th.** 1876.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8 May**, 19**47** to **23 June**, 19**48** that I last saw him **or** alive on **22 June** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma metastases to lungs**

Due to **Cancer of the breast**

Duration

3 yrs?

8. AGE: Years Months Days If less than one day

71 6 12 hr. min.

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Dutzow, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework.**

11. Industry or business **X**

12. Name **John Hillermann.**

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

14. Maiden name **Adelheid Friemonth.**

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

16. (a) Informant **Mrs. Fred Kopp**

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

17. (a) **Burial** (b) Date thereof **June 26, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Mo.**

18. (a) Signature of funeral director **Melburg & Vitt, Inc.**

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

19. (a) **6/23/48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **Cancer of the breast**

Of autopsy **KO**

PHYSICIAN

Underline the cause of 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 **Raymond J. Bozzo** (M. D. or other) **M.D.**

Address **Washington, Mo.** Date signed **23 June 48**

Dr. Bozzo

SEP 8 1948

RECEIVED
District Health Officer No. 9
District File Number
JUN 28 1948
Date Filed

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 James F. Swoboda
Licensed Embalmer No. 4507
P. O. Address Washington

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.