

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

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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUN 23 1948  
Registration District No. 314

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20609  
Registrar's No. 190

Primary Registration District No. 6075

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 yrs. 4 mos. 5 das.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 536 No. Frederick St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME ROSE HOPPER SARNACK (SARNACK)

3. (b) If veteran name war None  
3. (c) Social Security No. Unknown

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced 9  
UNKNOWN

6. (b) Name of husband or wife Steve Sarnack  
6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased June 17 1899  
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 17  
If less than one day hr. min.

9. Birthplace Cape Girardeau Co., Missouri  
(City, town, or county) (State or foreign country)  
Housewife

10. Usual occupation

11. Industry or business

12. Name Louis Hopper  
13. Birthplace Cape Girardeau Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Tenkhoff  
15. Birthplace Cape Girardeau Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Missouri

(b) Address Burial  
(a) Burial, cremation, or removal (b) Date thereof 6-7-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cem., Cape Girardeau, Mo.

18. (a) Signature of funeral director Hamann Funeral Home  
(b) Address Cape Girardeau, Missouri

19. (a) 6-16-48 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 23, 1946 to June 4, 1948  
er alive on June 4, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 2 das.

Due to General Paresis  
Duration 9 yrs.

Due to  
Other conditions: (Include pregnancy within 3 months of death)  
Psychosis with syphilitic meningoencephalitis.

Major findings: Of operations  
Of autopsy No autopsy.

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? Means of injury

23. Signature John A. [Signature] (M.D. or other)  
Address [Address] Date signed 6/4/48

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14  
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30B

MOTHER FATHER

RECEIVED

District Health Officer No. 4  
District File Number 648-799  
Date Filed 6-22-48

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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 Burl J. Miller  
Licensed Embalmer No. 3755  
P. O. Address Farmington, 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.