FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 4 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23628
Primary Registration District No. 3046
Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham Sanatrium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau 68
(c) City or town Jamestown
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINE H. HOEPFINGER
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm. Hoepfinger
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 28 (Day) 1877 (Year)

8. AGE: Years 71 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Moniteau Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Griesbach
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Barata Hoffman
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant C. Hoepfinger
(b) Address Warrant Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-26-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Moniteau Evangelical Cemetery
18. (a) Signature of funeral director A. E. Wilson
(b) Address California, Mo.
19. (a) 7-26-48 (Date received local registrar) (b) H. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1948 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Aug 3, 1944, to July 24, 1948;
that I last saw her alive on July 24, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	5 years
Due to Thyrotoxicosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Kenyon Latham (M. D. or other)
Address California, Mo Date signed 7-25-48

WRITE PLAINLY—USING UNFADING

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.