

REC'D AUG 11 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

25720

Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 14  
 (b) Township Windsor Primary Registration District No. 5496  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 162. PRINT FULL NAME Carl F. Hoepfner

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Beasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
58 3 17

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) July 1, 1939 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Carl Hoepfner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Matilda Mohr16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Harry Hoepfner  
(ADDRESS) Windsor, Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE Windsor, Mo. DATE July 9, 193919. FUNERAL DIRECTOR (NAME) Hust on-Turner  
(ADDRESS) Windsor, Missouri20. FILED July 9 1939 [Signature] Local Registrar (Address) \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1939 1939

22. I HEREBY CERTIFY That I attended deceased from July 1, 1939 to July 8, 1939  
 I last saw him alive on July 8, 1939, Death is said to have occurred on the date stated above, at 3:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Intestinal Inflammation Date of onset 7/8, 1939

Other contributory causes of importance: 11/2

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
[Signature]

(Licensed Embalmer's Statement on Reverse Slide)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 1-39-118

Date Filed 8-9-39

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**