

FILED APR 2 1940

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

11094

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 5488 Registered No.
(c) City Clinton MO (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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.

2. PRINT FULL NAME

152 FWAL T. GEO. HOPFINGER
(a) Residence, No. Clinton MO 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 26-40</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min. <u>15</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Scalbor due to prematurity & asphyxia</u>	<input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Manufacturing</u>	<input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton MO</u>		
FATHER	13. NAME <u>E. G. Hopfinger</u>	<u>Henry</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton MO</u>	<u>Henry</u>
MOTHER	15. MAIDEN NAME <u>Zahner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
17. INFORMANT <u>E. G. Hopfinger</u>		
(ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Clinton</u>	DATE <u>March 27 1940</u>	
19. FUNERAL DIRECTOR (NAME) <u>Leg & Welby</u>		
(ADDRESS) <u>Clinton MO</u>		
20. FILED <u>3-30</u> 19 <u>40</u> <u>W. J. R. Vaughn</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 194022. I HEREBY CERTIFY, That I attended deceased from March 26, 1940, to March 26, 1940I last saw him alive on March 26, 1940. Death is saidto have occurred on the date stated above, at 7:4 m.

The principal cause of death and related causes of importance were as follows:

Scalbor due to prematurity & asphyxia
Manufacturing

Date of onset

Mar 26/40

Other contributory causes of importance:

Name of operation none Date of March 26 1940What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury March 26 1940Where did injury occur? Manufacturing

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) S. B. Fisher, M. D.(Address) Clinton MO

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, Not

Embalmed, or by

Registered Apprentice No....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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, above space should be left blank.