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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31625

FILED SEP 26 1941

State File No. \_\_\_\_\_

Registration District No. 352

Primary Registration District No. 4209

Registrar's No. 19

**1. PLACE OF DEATH:**

(a) County Henry *M.M.W.*

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

(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
• years, months or days

3. (a) PRINT FULL NAME Mary Wiebeler Hopfinger

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Hopfinger

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 11 1864  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>		hr. _____ min. _____

9. Birthplace Damiansville, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Wiebeler

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

14. Maiden name Louise Cooper

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

16. (a) Informant P. Hopfinger

(b) Address 1119 N. Caldwell St. City

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Wm. E. Baggerly

(b) Address Montrose Mo

19. (a) 9-12-41 (b) W.E. Baggerly  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Henry 12

(c) City or town Montrose 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 11  
year 1941 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Feb  
1937, to Sept 11, 1941,  
that I last saw her alive on Sept 11, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocarditis

Due to Arteriosclerosis

Due to 93rd

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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 W.E. Baggerly (M. D. or other) Chm

Address Montrose Mo Date signed 9-12-41

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

SEP 25 1941

RECEIVED

District Health Officer No. 7,

District File Number 9-141-1696

Date Filed 9-18-41

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 Oscar Gebhoff

Licensed Embalmer No. 3942

P. O. Address Appleton Wis

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.