

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36789**  
Registrar's No. **208**

**FILED NOV 20 1946**  
137

Registration District No. \_\_\_\_\_ Primary Registration District No. **5028**  
**4215**

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

1. PLACE OF DEATH:  
(a) County **Henry**  
(b) City or town **Windsor**  
(c) Name of hospital or institution:  
**212 Phelps Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 years**  
In this community **5 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Helena Hoepfner**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** / 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **W 2**  
6. (b) Name of husband or wife **Carl Hoepfner**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 16, 1885**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **4** Days **9**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Benton County, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **at home**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Martin Luther Beasley**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lillie B. Tabler**  
15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Raymond Hoepfner**  
(b) Address **Windsor, Missouri**  
17. (a) **burial** (b) Date thereof **Oct. 28, '46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Windsor, Mo.**  
18. (a) Signature of funeral director **Horton - Curran**  
(b) Address **Windsor, Mo.**  
19. (a) **11-14-46** (b) **R. R. Kenney**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Henry**  
(c) City or town **Windsor**  
(d) Street No. **212 Phelps**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **25th**  
year **1946** hour **1** minute **40 p. M.**  
21. I hereby certify that I attended the deceased from **Oct 25, 1946** to **Oct 25, 1946**  
that I last saw him alive on **Oct 25, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
94A

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **W. M. ...** (M. D. or M.D.)  
Address **Windsor** Date signed **11/14/46**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
DISTRICT HEALTH OFFICER NO. 7  
10-16-2019  
11-19-16

**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. 3391  
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, fact should be so stated above.