

No. 2
-1/47
5-17-39

34276

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 28 1947
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 219

Primary Registration District No. 3023

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clinton Genl Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 50 year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R R H 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHRISTINA HOPPE
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 August Hoppe
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Jan 6 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 12
If less than one day

9. Birthplace Racine Wis
(City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business

12. Name Weiland

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

14. Maiden name Dont

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

16. (a) Informant Mrs Ben Braum

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 10-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Chris Albert Beck

(b) Address Clinton Mo

19. (a) 10-30-47 (b) R. R. Hermy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1947 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from 10-10 1947
1 1947 to 10-18 1947
that I last saw her alive on 10-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to

Major findings: 93P
Of operations

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature H. J. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 10-20-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 71
9.47-1253
District File Number 10.27-47
Date Filed

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 J E Conrader
Licensed Embalmer No. 1891
P. O. Address Clinton 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.