

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

36682
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township Salmon Primary Registration District No. 5753
 (c) City Eugene Rural (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.

2. PRINT FULL NAME

(a) Residence, No. Abraham Clark Kopflet
Eugene Mo. (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) Conrad Kopflet
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 - 1868
 7. AGE YEARS 71 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eugene Mo.

FATHER 13. NAME David Kopflet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Frater Kopflet
Eugene Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hedge Co DATE 10-25-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hays
Thurshill Mo.

20. FILED 10-24 1939 Belle Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1939 to Oct 23 1939

I last saw him alive on Oct 22 1939 Death is said to have occurred on the date stated above, at 1:10 P.M. Oct. 23 1939

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

Cerebral Haemorrhage Date of onset Oct. 21

Other contributory causes of importance:
Arteriosclerosis
& Hypertension

Name of operation _____ 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) E. O. Shelton, M. D.

(Address) Eldon Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X10603

Miller County Health Dept.

Case No. 39-126

Date Filed 11-10-39

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.....

G. N. Stephens

Registered Apprentice No.

working under my personal supervision.

Signed.....

G. N. Stephens

Licensed Embalmer No. 2307

P. O. Address

Russellville

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.