

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 1167

Primary Registration District No. 6698

1. PLACE OF DEATH:

(a) County Mc Donald

(b) City or town Bural Plkborn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mc Donald

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

(d) Street No. South of Stella Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Lee Dopp 1-7

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1940 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 2-1940
_____, 19____, to Jan 2, 19____
that I last saw him alive on Jan 2, 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race M 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Tina Mae Dopp 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 24 1888
(Month) (Day) (Year)

Immediate cause of death Acute infectious

8. AGE: Years 51 Months 2 Days 7 If less than one day _____ hr. _____ min.

Due to food eating from apples

9. Birthplace Not Known
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) 1190

MOTHER { 11. Industry or business _____

FATHER { 12. Name William Dopp

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hubby

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Laurence Arenore
(b) Address Stella Mo. 572

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Funial (b) Date thereof Jan. 3 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cem.

(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? _____

18. (a) Signature of funeral director Rogue + SON
(b) Address Wheaton, Mo.

19. (a) 1-8-1940 (b) Ada Calling
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. L. Edwards (M. D. or other) _____
Address Stella Date signed _____

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.....

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, above space should be left blank.