

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

26428
Do not use this space.

1. PLACE OF DEATH:

(a) County Saline Registration District No. 7936036

(b) Township Elmwood Primary Registration District No. 4474 Registered No. 14

(c) City..... (d) Street No..... (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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 Wilhelm Opper

(a) Residence, No. Blackburn Mrs. St. (Usual place of abode; if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 1855

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>84</u> | <u>8</u> | <u>10</u> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) Germany 6

FATHER

13. NAME do not know 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER

15. MAIDEN NAME do not know 6

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do - Germany

17. INFORMANT (ADDRESS) Arnold Opper
Blackburn Mrs.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackburn DATE 7-26- 1940

19. FUNERAL DIRECTOR Hoefler & Meinershagen
(ADDRESS) Blackburn Mo.

20. FILED July 27, 1940 Matthie Wessler 764
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 '40 19

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940, to July 23, '40 19

I last saw him alive on July 23, 1940. Death is said to have occurred on the date stated above, at 7.15 PM

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

Myocarditis

Date of onset 1939

Other contributory causes of importance:

Age

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy?.....

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?
If so, specify.....
(Signed) K.S. James /, M. D.
(Address) Blackburn, Mo.

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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-50

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)