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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31834

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 344

1. PLACE OF DEATH:

(a) County RATTLE Marion

(b) City or town HANNIBAL

(c) Name of hospital or institution: ST ELIZABETH Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 DAY (Specify whether In hospital or institution)

In this community HOSP - 1 DAY (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PIKE 82

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

(d) Street No. 5 MISE BOWLING GREEN, MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN HERMAN TOPHINKE

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB 12 1894
(Month) (Day) (Year)

Immediate cause of death Chf Myocarditis

Due to _____

Due to _____

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

53 7 19 hr. min.

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

9. Birthplace BOWLING GREEN MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name J. H. TOPHINKE

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

14. Maiden name LARA LUEBRECHT

15. Birthplace ST LOUIS COUNTY MO.
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Tophinke

(b) Address Bowling Green, Mo.

17. (a) BURIAL (b) Date thereof OCT 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STLEMENTS MO

18. (a) Signature of funeral director J. G. Mudd

(b) Address Bowling Green, Mo.

19. (a) 10-6-47 (b) W. E. M. Lucke
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

23. Signature J. H. Tophinke (M. D. or other) _____

Address 104 Bowling Green, Mo. Date signed 10/2/47

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

4
3
4

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 *James C. Mudd*
Licensed Embalmer No. *4152*
P. O. Address *Bowling Green, 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.