

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19269

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6250 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Wayne Blackriver Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY OR TOWN <u>Rural at the old site of the</u>		c. CITY OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1215 Forest Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Abandoned Town of Opibway 4 miles East of Tasker Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Wolpers</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 27, 1880</u>	9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>6</u>	11. DAYS <u>23</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper Publisher Daily News Paper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Daily News Paper</u>	11. BIRTHPLACE (State or foreign country) <u>County Zalma (Bollinger) Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>
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13a. FATHER'S NAME <u>Erich Wolpers</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Hattie Wolpers</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish American</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hattie Wolpers Poplar Bluff Mo.</u>	ADDRESS <u></u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few MIN.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>		

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 20 May 1951, to 20 May 1951, that I last saw the deceased alive on 20 May 1951, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James A Kinley, Jr. O M P</u>	23b. ADDRESS <u>Cape Girardeau MO.</u>	23c. DATE SIGNED <u>20 May 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 20, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Butler County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-23-51</u>	REGISTRAR'S SIGNATURE <u>Sumie E. Piles</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cotrell</u>	ADDRESS <u>Poplar Bluff Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUN 8 1951
WAYNE CO. HEALTH CENTER

FILE No. 651-29

HUG 15 1951

JUN 16 1951

HUG 15 1951

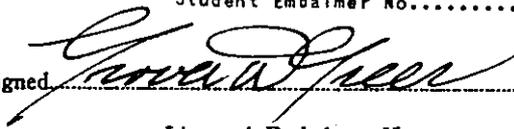
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

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, fact should be so stated above.