

FILED AUG 28 1947
Registration District No.

Primary Registration District No. 3016

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 406 Brooks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 406 Brooks
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1947 hour 11 minute 10 P.M.
21. I hereby certify that I attended the deceased from Feb 1944
..... 19..... to July 30th 1947
that I last saw him alive on July 30
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME

George Opel

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, 2 divorced, widowed

6. (b) Name of husband or wife Julia Alice Opel

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

7. Birth date of deceased May

16 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 14 --- hr. --- min.

9. Birthplace Cole County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation retired railroader

11. Industry or business ----

12. Name unknown

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

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. W. Robinett

(b) Address 406 Brooks St. Jefferson City

17. (a) burial (b) Date thereof Aug. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Wm E Jarman for Tanner Service

(b) Address 700 Jefferson St. Jefferson City

19. (a) 8-7-47 (b) R. P. Darr
(Date received local registrar) (Registrar's signature)

Immediate cause of death Bilateral Hypostatic Pneumonia
Due to hemiplegia Rt. side

Due to

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations S.A.D.
Of autopsy

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?

(e) Means of injury

23. Signature W. U. Mackrill (M. D. or other)

Address Jefferson city 540 Date signed 8-7-47

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

Date Filed AUG 27 1947

District File Number

District Health Officer No. 9,

RECEIVED

SEP 17 1947

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 *Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.