

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

42320
Do not use this space.

1. PLACE OF DEATH
 (a) County Douglas Registration District No. 73
 (b) Township Columbia Primary Registration District No. 5112
 (c) City _____ (d) Street No. _____ 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 Hardin Hopper
 (a) Residence, No. Boone Co. Int. Mary 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 OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 - 1857
 7. AGE YEARS 81 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Day Labour
 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) Missouri
 13. NAME Hardin Hopper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Doct. Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doct. Know

17. INFORMANT Wm M. Major (ADDRESS) Mountain Grove, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rocheport Mo DATE 12-4 1938
 19. FUNERAL DIRECTOR Jarkus - W. H. Dandelwitz (ADDRESS) Columbia
 20. FILED 12/3/38 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1938 to 12-30 1938
 I last saw him alive on 12-30 1938. Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arteriosclerosis
Chronic nephritis
 Date of onset From history had he going 30 yrs 3 mks
 Other contributory causes of importance: 121
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? W
 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) W. H. Dandelwitz M. D.
74 (Address) Columbia, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

STATEMENT BY LICENSED EMBALMER

W. F. VanderWorte, Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

W. F. VanderWorte

Licensed Embalmer No. 2494

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.)