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if

OCT 19 1939

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

33190
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township 1 Primary Registration District No. 6683032 Registered No. 271
 (c) City Sedalia (d) Street No. Bothwell Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 160 Ruby Delois Hopper
 (a) Residence, No. 705 N. New York St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 - 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 6 23

OCCUPATION
 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. at school
 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) Sedalia Mo.

FATHER
 13. NAME Ernest L. Hopper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
 15. MAIDEN NAME Flossie Mc Baine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ernest L. Hopper Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 9-13-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M. Laughlin Bess Sedalia

20. FILED Sept 13 1939 Mrs Harry Sneed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1939, to Sept 11 1939
 I last saw h. u alive on 9-11 1939. Death is said to have occurred on the date stated above, at 5:05 P. m.
 The principal cause of death and related causes of importance were as follows:

peritonitis due to
 Ruptured appendicitis
 Date of onset 9/14

Other contributory causes of importance: 12/1

Name of operation Laparotomy Date of 9-11-39
 What test confirmed diagnosis? gut secretion Was there an autopsy? 0

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) Dr Dyess M. D.
 (Address) 9-14-39

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10/10/39

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 Ralph E. Baker
Licensed Embalmer No. 2419
P. O. Address Sedalia 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, above space should be left blank.