

Registration District No. 172 Primary Registration District No. 5114 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Boone Mo. 2  
 (a) County Boone Mo. 2  
 (b) City or town Pershe T.S.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: NO  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution NO (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME CORA Alice Hopper 11-0  
 (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife John Ward Hopper 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 26 1883  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pershe T.S. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Farmer

12. Name S. C. Allspaw

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

14. Maiden name Addie Kinder

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

16. (a) Informant's own signature John W. Hopper

(b) Address Sturgeon, Mo, Rt 12

17. (a) Burial (b) Date thereof Dec 12 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dripping Springs

18. (a) Signature of funeral director R. O. Willett

(b) Address Columbia Mo

19. (a) 1-5-1940 (b) Mrs H. Stult  
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Boone  
 (c) City or town Sturgeon Rural # 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10  
 year 1939 hour 1:20 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 28, 1939, to Dec 10, 1939, that I last saw her alive on Dec 10, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 hrs  
 Due to Arterio Sclerosis (about 270)

Due to \_\_\_\_\_  
 Other conditions § 7 h  
 (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ 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? ✓

While at work? No (Specify type of place) (e) Means of injury ✓

23. Signature A. R. McEwan (M. D. or other)

Address Sturgeon Mo Date signed 12/10/39

WHITE FAMILY—USE UNFADING BLACK INK—MAKE 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.

1 1939

**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 *Lynnan Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.**