DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11932

State File No.

Registration District No. 655 Primary Registration District No. 4392 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steele
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

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

3. (a) PRINT FULL NAME Nora B. Hopgood 123
3. (b) If veteran, name war X
3. (c) Social Security X No. NO
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive X NO years
7. Birth date of deceased March 18, 1883 (Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Caruthersville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business home
FATHER
12. Name Frank Johnson
13. Birthplace Greenfield (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Narstell Cunningham
15. Birthplace Caruthersville Mo (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Beatrice Martin
(b) Address Steele, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville Mo
18. (a) Signature of funeral director [illegible]
(b) Address Caruthersville, Mo.
19. (a) 3/4/40 (Date received local registrar) (b) B. L. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1940 hour 1 minute M.
21. I hereby certify that I attended the deceased from 1935 to now, 1940, to 2-14, 1940 that I last saw her alive on Jan 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Arthritis	
Due to 5740	
Due to	
Other conditions (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? (Specify type of place)
5841
While at work? (e) Means of injury
23. Signature J. B. McDonald (M. D. or other)
Address Steele Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.

Rev. 5-17-39 1 X19511

3-40-17

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.....

Not Embalmed, Registered Apprentice No.....,

working under my personal supervision.

Signed.....

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, above space should be left blank.