

Registration District No. 661

Primary Registration District No. 4388

Registrar's No. 61

FILED JUL 15 1940

Missouri 22467

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Cauthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all of life years, months or days

8. (a) PRINT FULL NAME Clara Hopper 160

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Henry Hopper

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept 6 1905
(Month) (Day) (Year)

8. AGE: Years Months Days . If less than one day

34 9 14 hr. 0 min.

9. Birthplace Pemiscot Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business Home

MOTHER FATHER { 12. Name George Matzner

13. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Matzner

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

16. (a) Informant W. H. Hopper

(b) Address Cauthersville Mo.

17. (a) Burial (b) Date thereof 6-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haysi Mo.

18. (a) Signature of funeral director H. G. Smith

(b) Address Cauthersville Mo.

19. (a) June 22, 1940 (b) E. A. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Cauthersville
(If outside city or town limits, write "RURAL")

(d) Street No. Laurant
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1 - 1940 to June 20 - 1940
that I last saw her alive on June 19 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder 1 yr.
Duration

Due to _____

Due to 53

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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? 585
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Union (M. D. or other) _____
Address Cauthersville, Mo. Date signed 6-20-40

7-40-25

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 39² Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Carruthersville

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.