

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24858**

Registration District No. **156**

Primary Registration District No. **5214**

Registrar's No. **41**

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Case
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Grand River Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charlie William Hopwood
8. (b) If veteran, name war no
8. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14th
year 1940 hour 10 minute 40 M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14 - 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April
1940 to July 11 1940
that I last saw him alive on July 11 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 7 Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Mental Regurgitation
Due to _____
Due to _____

9. Birthplace Camdenworth Kansas
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Farmer
11. Industry or business 4
12. Name Charlie Hopwood
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Ann Antell
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Common Cause
(b) Address Russington, Kansas
17. (a) Burial (b) Date thereof July 16-1440
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Claret Ridge

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.
19. (a) 7-15-40 (b) Joseph M. S.
(Date received local registrar) (Registrar's signature)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?
845
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. S. Triplett (M. D. or other) _____
Address Harrisonville Mo. **Date signed** 7-15-40

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

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

Ernest Runnenbarger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.