No. 2
1-10-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25879

Registration District No. 625 — Primary Registration District No. 3031 — Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Maryville

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

(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether years, months or days)

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

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

(d) Street No. 310 W. 3rd (If rural, give location)

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

3. (a) PRINT FULL NAME Patience Joy Hopper 160

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Myron L. Hopper

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Dec. 25 (Month) 1861 (Day) (Year)

8. AGE: 78 Years | Months 7 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Bernadotte, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Stephen Joy
13. Birthplace Maine (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Heryford
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Myron L. Hopper

(b) Address Maryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Braddyville, Ia.

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Mo.

19. (a) 8-3-40 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 20, 1940, to July 31, 1940 that I last saw her alive on July 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage, Uremia — Duration: 3 days

Due to: Chr. M. yo Carditis, Chr. N. phritis

Due to: Cystitis - Cystitis

Other conditions (Include pregnancy within 3 months of death)

131

Major findings: Of operations

Of autopsy No

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)

556

While at work? (e) Means of injury

23. Signature B. F. Byland (M. D. or other) M.D.

Address Burlington Jct. Date signed 8/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M Price

Licensed Embalmer No. 1822

P.O. Address Maryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.