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17-39  
X23159

44  
MAR 14 1941 73

Registration District No. ....

Primary Registration District No. 3006

Registrar's No. 52

1. PLACE OF DEATH

(a) County Boone

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

(c) Name of hospital or institution: Boone County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days  
Specify whether  
In this community 3 days  
years, months or days

3. (a) PRINT FULL NAME CAROL JEAN HOPPER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced 10

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 20 1911  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>2</u>	hr. min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name John Hopper

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

14. Maiden name Margaret Childers

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

16. (a) Informant John Hopper  
(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Feb 23 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Driggs Springs

18. (a) Signature of funeral director [Signature]  
(b) Address Columbia Mo

19. (a) 2/25/41 (b) Allie Kelly  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Boone County Hosp  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1941 hour \_\_\_\_\_ minute 12:17 M.

21. I hereby certify that I attended the deceased from Feb 20, 1941, to Feb 21, 1941; that I last saw her alive on Feb 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 209

Due to Difficult Labor probably

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 160 W

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (e) Means of injury 14

23. Signature [Signature] (M. D. certificate)  
Address Driggs Mo Date signed 2-23-41

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

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed *me* by me, or by.....

....., 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, fact should be so stated above.**