

1941 MAR 17 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7147  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 402  
 (b) Township Shri. A. Bar Primary Registration District No. 4237 Registered No. 23  
 (c) City Oak Grove (d) Street No. 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Wm F. Hopper  
Jackson Co. Mo. Russell  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Hopper  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 1 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Rail Farmer  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

FATHER 13. NAME Ralph Hopper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Lucinda Hopper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) James Hopper  
Oak Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mo DATE 1/26 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Wertz  
Special Agent, Bureau of the Census

20. FILED 2-21 1941 Jackson County Health Dept. 36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1941

22. I HEREBY CERTIFY, that I attended deceased from Jan 21 1941 to Jan 29 1941  
 I last saw him alive on Jan 24 1941. Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
all lobes both lungs Date of onset 1-23-41

Other contributory causes of importance: 10/6

Name of operation none Date of none  
 What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury none, 1941  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify none

Signature [Signature] M. D.  
 Address Oak Grove Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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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 by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. O. Webb .....

Licensed Embalmer No. 2352 .....

P. O. Address Oak Grove, 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.**