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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7198

Registration District No. 400 | Primary Registration District No. 5553B | Registrar's No. 33

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Lees Summit (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR 2 3 mi S.W. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether years, months or days)
In this community 4 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Lees Summit (If outside city or town limits, write "RURAL")
(d) Street No. RR 2 - 3 mi S.W. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Viola Hopper
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Homer Hopper
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June (Month) 14 (Day) 1907 (Year)
8. AGE: Years 33 Months 7 Days 14 If less than one day hr. min.
9. Birthplace Springfield (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name C. S. Sparks
13. Birthplace Pike County (City, town, or county) Ill (State or foreign country)
MOTHER 14. Maiden name Eva Woods
15. Birthplace Pike Co. (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Homer Hopper
(b) Address Lees Summit Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-41 (Month) (Day) (Year)
(c) Place: burial or cremation Shore Cem. Oak Grove Mo
18. (a) Signature of funeral director N. B. Jones Jr
(b) Address Lees Summit Mo
19. (c) 2-10-41 (Date received local registrar) (b) Sam G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 8-41 year hour minute 5 A M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw alive on 19 and that death occurred on the date and hour stated above.
Immediate cause of death Bullet Wound of Chest
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence 2-8-41
(c) Where did injury occur? Jackson (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? G 32 Home (Specify type of place)
While at work? (e) Means of injury
23. Signature Russell W Lee (M. D. or other)
Address K C Mo Date signed

(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 .....

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.