

Registration District No. **121**

Primary Registration District No. **3009**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(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 _____ (Specify whether)
In this community **born here**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cape Girardeau**
(c) City or town **Rural** **11**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

E Frank Hopper

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Drew**

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

7. Birth date of deceased **June 4 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **0** Days **8**
If less than one day _____ hr. _____ min.

9. Birthplace **Cape Girardeau Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **William Hopper**

13. Birthplace **Stoddard Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucy A. Carwin**

15. Birthplace **Cape Girardeau Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Frank Hopper**

(b) Address **R.R. #1 Cape Girardeau Mo**

17. (a) **Burial** (b) Date thereof **June 15-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hobbs Chapel**

18. (a) Signature of funeral director **Walter Wood, Co.**

(b) Address **Cape Girardeau Mo**

19. (a) **6-12-41** (b) **J. M. Thompson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **12**
year **41** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **3-4-41**
to **6-12-41**

that I last saw h. **14** alive on **6/12/41**
and that death occurred on the date and hour stated above

Immediate cause of death _____ Duration _____

**Overcrowded
of stomach**

Due to _____

Other conditions (include pregnancy within 3 months of death) **46k**

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____

Address **Cape Girardeau Mo** Date signed **6/12/41**

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

MOTHER FATHER

JUL 12 1947

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.....

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.