

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 175

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nevada City Hospital (C)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon ¹⁰⁸
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Metz Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1941 hour 4 minute 25 P M.

21. I hereby certify that I attended the deceased from May 24, 1941, to June 2, 1941;
that I last saw her alive on June 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
(supplene death)
Duration _____
Due to Coronary May 21,
1941

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

23. Signature [Signature] (M. D. or other) _____
Address Nevada Mo Date signed 6-3-41

3. (a) PRINT FULL NAME Ruby Charlotte Hopkins

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

7. Birth date of deceased: March (Month) 9 (Day) 1920 (Year)

8. AGE: Years 21 Months 2 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace East Scott / Kan
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Mark Webster
13. Birthplace North Co Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Flora Weaver
15. Birthplace Bellevue Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Luane Hopkins

(b) Address Metz Mo

17. (a) Burial (b) Date thereof 6/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belltown Cem.

18. (a) Signature of funeral director Mark Eschinger
(b) Address Nevada Mo

19. (a) 6-4-41 (b) Allen E. [Signature]
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7½

District File Number 7-41-1109

Date Filed 7-7-41

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

Munt Cechner

Licensed Embalmer No. 7656

P. O. Address Nevada

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.