

FILED NOV 12 1941

Registration District No. _____

Primary Registration District No. **5300**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin Co.
(b) City or town Arbely no Bur.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No Street or number, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether
In this community 14 yrs
years, months or days)

3. (a) PRINT FULL NAME William James Hopper

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Sarah Hopper 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec 19 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 16 If less than one day
.....hr.min.

9. Birthplace Ripley Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James Hopper

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Woods
(City, town, or county) (State or foreign country)

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Hopper

(b) Address Arbely no.

17. (a) Burial (b) Date thereof Nov 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bige Knott

18. (a) Signature of funeral director Harold K. Metchel

(b) Address Paragould Ark.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Green
(c) City or town Paragould 3.
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rt #3 (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1941 to Nov 3 1941
that I last saw him alive on Nov 3 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration DX
Due to _____

Due to _____
Other conditions 938
(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?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature M. C. Elagoo MD. (M. D. or other)
Address Cardwell Mo. Date signed 11-3-41

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

X26390

1041

5000

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

Signed... Randal L Mitchell
Licensed Embalmer No. 373
P. O. Address Paragould Ark

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.

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 17 1941 83

Registration District No. _____

Primary Registration District No. 5402

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Arbryrd
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Hopper
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 19 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 16 (If less than one day _____ hr. _____ min.)

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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.

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

5-34815