

FILED DEC 12 1941

Registration District No. 2812

Primary Registration District No. 4166

Registrar's No. 40

1. PLACE OF DEATH:  
 (a) County Dunklin Mo.  
 (b) City or town Campbell Mo. Union  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Life years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dunklin 35  
 (c) City or town Campbell Mo. (If outside city or town limits, write "RURAL") 1  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 11  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NANCY C. HOPE  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 9  
 year 1941 hour 6 minute 30 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July - 11 - 1874  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1941 to Nov 9 1941  
 that I last saw her alive on Nov 9 and that death occurred on the date and hour stated above. 1941  
 Immediate cause of death Colitis Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
67 3 28 hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Missouri (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name W. Hooper ?  
 13. Birthplace uk. ? (City, town, or county) (State or foreign country)  
 14. Maiden name Jean Harper 9  
 15. Birthplace uk. 9 (City, town, or county) (State or foreign country)

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 John L. Brown (M. D. or other) 0  
 Address Campbell Date signed Nov 10

16. (a) Informant Mrs. Tom Carter  
 (b) Address Campbell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11 - 41 (Month) (Day) (Year)  
 (c) Place: burial or cremation Campbell Woodlawn

18. (a) Signature of funeral director Lambert Son  
 (b) Address Campbell, Mo.

19. (a) 11-9-41 (Date received local registrar) (b) John L. Brown (Registrar's signature)

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

2  
4-41  
7-39  
X24390

RECEIVED

District Health Office No. 2

District File Number 1241-168

Date Filed 12/11/41

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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 Christina M. Sanders

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.