S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23996

State File No.

FILED AUG 11 1942

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 204

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: 1447 Themis St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No. 1447 Themis St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert N. E. Hopper
3. (b) If veteran, name war
3. (c) Social Security No. 490-05-7977
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Josephine Harenberg
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April (Month) 2 (Day) 1884 (Year)

8. AGE: Years 58 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Cape Girardeau Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Dry Kiln Operator
11. Industry or business Marquette Cement Co.
MOTHER FATHER
12. Name Garrett Hopper
13. Birthplace Cape Girardeau Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name Nicea Randol
15. Birthplace Cape Girardeau Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Robert Hopper
(b) Address Cape Girardeau, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.
19. (a) 7-9-42 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from 7/2, 1942 to 7/2, 1942 that I last saw him alive on 4/21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to Arterio Sclerosis
Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 94a
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. L. Haman (M. D. or other)
Address Cape Girardeau Date signed 7/4/42

1017 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 842-968

Date Filed 8-10-42

AUG 12 1942

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Earl J. Smith

Licensed Embalmer No. 3676

P. O. Address Cape Girardeau 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, fact should be so stated above.