

No. 2
1-2-43
5-17-39
I X35897

FILED MAR 10 1944
Registration District No. _____

Primary Registration District No. **5844**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Ne wt on *Just*
 (b) City or town E. of Seneca Mo.
(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 18 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Newton
 (c) City or town Neosho Mo. Rt. 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 4 Mi. E of Seneca Mo
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Willis Hopson
3. (b) If veteran, name war War with Spain
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 4 th
 year 1944 hour 5:45 minute _____ P. M.

4. Sex Male **5. Color or race** white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mildred Hopson
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased: March 6th 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 15, 1943 to Mar 1, 1944
 that I last saw him alive on Mar 1, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 11 Days 28
 If less than one day _____ hr. _____ min.

Immediate cause of death Pericarditis
Myocarditis
 Due to _____
 Due to _____

Duration
6 months
2 yrs

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

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

10. Usual occupation Cook

11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

12. Name Edward Hopson

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

14. Maiden name _____

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

16. (a) Informant Mildred Hopson
(b) Address Neosho Mo. RFL # 1

17. (a) Burial (b) Date thereof Mar. 6 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 4 Mi E. Seneca Mo

18. (a) Signature of funeral director Kathere

(b) Address Seneca Mo

19. (a) March 11-44 (b) Miss Nettie Morris
(Date received local registrar) (Registrar's signature)

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)

(City or town) (County) (State)

(M. D. or other)

23. Signature John B. Roberts (M. D. or other) D.O.
Address P.O. Box 294 Seneca **Date signed** 3-7-44

1352

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

270
2/44

MAR 16 1944

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..... *Carley Thompson*

Licensed Embalmer No. *3259*

P. O. Address..... *Neosho 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.