

Registration District No. 252

Primary Registration District No. 4381

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

1. PLACE OF DEATH: Nodaway

(a) County _____

(b) City or town Hopkins
(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 72 years
(Specify whether _____)

In this community 72 years
years, months or days)

3. (a) PRINT FULL NAME David Melville Hopple

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edith Hopple

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

7. Birth date of deceased Oct. 7 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 10

If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Hopple

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

14. Maiden name Ann Williamson

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

16. (a) Informant Dwight Hopple

(b) Address Hopkins, Mo.

17. (a) Burial (b) Date thereof Dec. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins, Mo

19. (a) 1/18/44 (b) O. H. Bayler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 74

(c) City or town Hopkins
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12/15/44
_____, 19____, to 12/17/44, 19____;
that I last saw him and alive on 12/16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis with suppression of urine

Due to _____

Due to _____

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

Major findings: 130

Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address Hopkins Date signed 12/18/44

Duration 2 da

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SEP - 1 1948

SEP - 1 1948

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.....

working under my personal supervision.

myself, Registered Apprentice No.....

Signed.....

Stanley Swanson
Licensed Embalmer No. *3963*

P. O. Address *Helmis, 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.