

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

State File No. 15667

Registration District No. 14

Primary Registration District No. 5066

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural S.W. Township
(c) Name of hospital or institution: A home
(d) Length of stay: in hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town YUVAH
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Dorothy May Hopper

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married divorced single

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

7. Birth date of deceased 1 27 1946

8. AGE: Years Months Days If less than one day

9. Birthplace YUVAH S.W. Township Missouri

10. Usual occupation Non Ass

11. Industry or business

12. Name HANNA BIE Hopper

13. Birthplace Jasper Ohio

14. Maiden name MAYDEENE Armstrong

15. Birthplace Jasper Missouri

16. (a) Informant Hannah Hopper

(b) Address Oplic Kansas

17. (a) Burial, cremation, or removal (b) Date thereof 3 19 46

(c) Place: burial or cremation Jasper

18. (a) Signature of funeral director (b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from March 17, 1946 to March 17, 1946

that I last saw her alive on June 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation

Due to smother in bed

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence March 17, 1946

(c) Where did injury occur? Oplic Kansas Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home

While at work? No (Specify type of place) (e) Means of injury smother

23. Signature: Hopper (M. D. or other) M.D. Address: Jasper Missouri Date signed 3/17/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.