

S. No. 2  
DM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16478**

**FILED JUN 13 1946**

Registration District No. **137**

Primary Registration District No. **4225**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County **Holt**  
(b) City or town **Oregon Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 Months**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**  
(c) City or town **Oregon Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George Frederick Hopper**

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 **Married**  
6. (b) Name of husband or wife **Emma Myrtle Hopper** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **February 27 1876**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **23** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Holt Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **William Hopper**  
13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Amelia Goin**  
15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Emma Hopper**

(b) Address **Oregon, Missouri**

17. (a) **Burial** (b) Date thereof **May 23 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oregon, Missouri**

18. (a) Signature of funeral director **Jama N. Pettigrew**

(b) Address **Oregon Mo**

19. (a) **5-25-46** (b) **Jama N. Pettigrew**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20** year **1946** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **May 20**, 19**46**  
that I last saw him alive on **May 19**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Duration **1 hour**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **O. F. Newmyer** (M. D. or other) \_\_\_\_\_

Address **0799 pm** Date signed **5/22/46**

**122** (Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1947

MAY 27 1947

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.....

*James H. Pettigrew*

Licensed Embalmer No.....

*3192*

P. O. Address.....

*Oregon 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.**