

FILED AUG 12 1948

Registration District No. 277

Primary Registration District No. 4366

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Newtown County
(b) City or town Granby, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chute Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newtown
(c) City or town Granby, 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 JACKIE DALE HOPPER

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 18 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 13 hr. 30 min.

9. Birthplace Granby, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name James A. Hopper
13. Birthplace Newtown County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Alma Ruth
15. Birthplace Stella, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Hopper

(b) Address Granby, Mo.

17. (a) _____ (b) Date thereof 7-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Green Cem.

18. (a) Signature of funeral director Chute

(b) Address Granby, Mo.

19. (a) 7-20-46 (b) F.M. Young
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1946 hour 5:30 minute 1 M.

21. I hereby certify that I attended the deceased from July 18 1946 to July 19 1946 that I last saw him alive on July 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Lesion Duration 1 day

Due to _____

Due to _____

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

Major findings: Of operations 157 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 Chute (M.D. or other) DO
Address Granby, Mo. Date signed 7-20-46

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

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..... *Margaret Culver*

Licensed Embalmer No..... *4389*

P. O. Address..... *Cassville*

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.