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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 2 1946

Registration District No. 270

Primary Registration District No. 3.d.s.d.

Registrar's No. 71

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Caruthersville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mississippi River 3
(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 Tenn. (b) County Lake 999
 (c) City or town Tiptonville 10
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route 2 0
(If rural, give location)
 (e) Citizen of foreign country? No 21
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ann Hopson
 3. (b) If veteran, name war X
 3. (c) Social Security No. X
 4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife X
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased October 20, 1926
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 28
 year 1946 hour 9 minute P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
19 7 8 _____ hr. _____ min.

Immediate cause of death Accidental Drowning
 Due to Boat Overturned
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Tiptonville, Tenn. /
(City, town, or county) (State or foreign country)
 10. Usual occupation School Teacher
 11. Industry or business _____
 12. Name Byrd Hopson
 13. Birthplace Tiptonville, Tenn. /
(City, town, or county) (State or foreign country)
 14. Maiden name Muriel Vaughn
 15. Birthplace Tiptonville, Tenn. /
(City, town, or county) (State or foreign country)
 16. (a) Informant Walter Wilson
 (b) Address Memphis, Tenn.
 17. (a) Removal (b) Date thereof 7/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Tiptonville, Tenn.
 18. (a) Signature of funeral director D. Smith Funeral Home
 (b) Address Caruthersville, Mo.
 19. (a) 8-1-46 (b) D. Smith
(Date received local registrar) (Registrar's signature)

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) Accident 78
 (b) Date of occurrence July 28, 1946
 (c) Where did injury occur? Caruthersville, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mississippi River
(Specify type of place)
 While at work _____ (e) Means of injury 3
 23. Signature Jack Kelley Coroner
(M.D. or other)
 Address Rayti, MO. Date signed 7/31/46

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

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(Licensed Embalmer's Statement on Reverse Side)

8-46-172

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.....

Body was not embalmed..... 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.