S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 39676

Registrar's No. 1356

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Injured by Auto at 14th. & Mitchell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: NONE. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 1502 South 12th. Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: IDA MAY HOPPER

3. (b) If veteran, name war: No.

3. (c) Social Security No.: None.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Maiden.

6. (b) Name of husband or wife: ----------

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

7. Birth date of deceased: March (Month) 19th. (Day) 1870 (Year)

8. AGE: Years 76 | Months 8 | Days 13 | If less than one day: -- hr. --- min.

9. Birthplace: Cameron (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Retired.

11. Industry or business:

FATHER
12. Name: Lige Hopper
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Allen.
15. Birthplace: Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant: Al. A. Perfect.
(b) Address: 316 North 10th. Street

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12-4-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery.

18. (a) Signature of funeral director: Mrs. E. R. Sidenfaden
(b) Address: 602 South 10th. Street.

19. (a) Dec. 7, 1946 (Date received local registrar) (b) E. O. Jenkins by Jaye Mann (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 year 1946 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from 12-2, 1946 to, 19..; that I last saw h. alive on, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Injuries received when struck by auto

Due to:

Due to:

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

Major findings:
Of operations: None

Of autopsy: No

Duration

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

(b) Date of occurrence: 12-2-1946

(c) Where did injury occur? St. Joseph Mo (City or town) (County) (State)

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

While at work? No (e) Means of injury: auto

23. Signature: B. W. Tadlock (M. D. or other)

Address: King Hill Bldg. Date signed: 12/2/46

382 (Licensed Embalmer's Endorsement on Reverse Side) St. Joseph, 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 Mollie E. Siedenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph, 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.