

FILED SEP 15 1947
Registration District No. 195

Primary Registration District No. 5714

State File No. _____

Registrar's No. 19

1. PLACE OF DEATH

(a) County Madison
(b) City or town Pinville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community None years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison
(c) City or town Pinville
(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 Thomas Bradford Hopper

3. (b) If veteran, name war None 3. (c) Social Security No. 491-12-2832

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M-1
6. (b) Name of husband or wife Christina Hopper 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased May 14th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 21 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business None

12. Name Faber Hooper

13. Birthplace Yorktown, Tenn (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Yorktown (City, town, or county) (State or foreign country)

16. (a) Informant Robert Hurley Hopper

(b) Address R.R. 2, Washington, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date (Month) (Day) (Year) 9-7-47

(c) Place: burial or cremation Pinville, Mo

18. (a) Signature of funeral director W. D. ...

(b) Address Pinville

19. (a) 9-19-47 (Date received local registrar) (b) Mrs. B. E. Bradley (Registrar's signature) (c) 1-1-48 (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1947 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Coronary Occlusion Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations 9-4-47

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 3

23. Signature W. D. Humphrey (M. D. or other) Coroner
Address Pinville, MO Date signed 9-7-47

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

RECEIVED

District Health Officer No. 6,

District File Number 947-970

Date Filed SEP 11 1947

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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Princeton, N.J.

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.