

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

FILED DEC 15 1947

Registration District No. **44**

Primary Registration District No. **5147**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural - Braymer  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community Lifelong  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell **13**

(c) City or town Rural - Fairview Sup.  
(If outside city or town limits, write "RURAL")

(d) Street No. Northwest of Braymer, Mo.  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ORPHA ALICE HOPPER

3. (b) If veteran, name war -

3. (c) Social Security No. -

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

6. (b) Name of husband or wife Spencer Hopper 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 10, 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business -

MOTHER FATHER

12. Name John H. Till

13. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Ann

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

16. (a) Informant George Hopper

(b) Address Braymer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Gene C. Michael

(b) Address Braymer, Mo.

19. (a) 12-5-47 (Date received local registrar) (b) Mrs. Nell B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17 year 1947 hour 1 minute 0 A.M.

21. I hereby certify that I attended the deceased from July 23, 1947, to Nov. 16, 1947; that I last saw her alive on Nov. 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 24 hrs.

Due to Chronic Myocarditis many yrs.

Due to Generalized Arteriosclerosis many yrs.

Other conditions Chronic Arthritis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations —

Of autopsy —

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 J. E. Gredberg (M. D. or other) M. D.  
Address Braymer, Mo. Date signed Nov. 18, 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..... *Gene C. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.