

FILED NOV 21 1947

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **39d**

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Hulton**
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution **2 weeks** (Specify whether years, months or days)

In this community **same**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Darlington**

(c) City or town **Moberly**
(If outside city or town limits, write "RURAL") **2**

(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 **GEORGE HOPSON**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22nd**
year **1947** hour **9** minute **2** M.

21. I hereby certify that I attended the deceased from **10/25/47**
19____ to **11/2/47** 19____
that I last saw him alive on **11/2/47** 19____
and that death occurred on the date and hour stated above.

4. Sex **mo** | 5. Color or race **w**

6. (a) Single, widowed, married, divorced **w**

6. (b) Name of husband or wife **dk**

6. (c) Age of husband or wife if alive **dk** years

7. Birth date of deceased: **1878**
(Month) (Day) (Year)

Immediate cause of death: **Hypostatic pneumonia**

Duration _____

8. AGE: Years **69** Months _____ Days _____ If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation **founder**

Major findings: _____

11. Industry or business **RR**

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

12. Name **dk**

13. Birthplace **dk** _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name **dk**

15. Birthplace **dk** _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant **Hospital records**

(b) Address **Hulton mo**

17. (a) **Burial** (b) Date thereof **Nov 4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **no body prep**

18. (a) Signature of funeral director **J. Caldwell**

(b) Address **Hulton mo**

19. (a) **11-3-1947** (b) **J. Caldwell**
(Date received local registrar) (Registrar's signature)

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 **0**

Signature **J. Caldwell** (M. D. or other) **md**

Address **Hulton mo** Date signed **11/15/47**

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 19 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 Frank B. DeWitt
Licensed Embalmer No. 3021
P. O. Address Moberly 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.