

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

FILED JAN 7 1948

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **263**

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

1. PLACE OF DEATH:

(a) County **DuSable**  
(b) City or town **Kennett**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Presnell Hospital**  
(If within hospital or institution, write room number or location)  
(d) Length of stay: In hospital or institution **6 weeks**  
In this community **3 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **Dallas**  
(c) City or town **Dallas**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3001 Live Oak**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Pressley Earl Hopper**

3. (b) If veteran, name war **None**  
3. (c) Social Security - year **year**  
No. **NOT KNOWN**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married divorced **married**

6. (b) Name of husband or wife **ANNA LAURA HOPPER**  
6. (c) Age of husband or wife if alive **59** years  
7. Birth date of deceased **Dec - 29 1890**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **11** Days **26**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Tarrant Texas**  
(City or town, or county) (State or foreign country)

10. Usual occupation **Business Executive**

11. Industry or business \_\_\_\_\_

12. Name **Pressley Hopper**

13. Birthplace **UNKNOWN Tennessee**  
(City, town, or county) (State or foreign country)

14. Maiden name **NANNY McATEER**

15. Birthplace **UNKNOWN Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Laura Hopper**

(b) Address **Dallas, Texas**

17. (a) **Burial** (b) Date thereof **12-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dallas, Texas**

18. (a) Signature of funeral director **Paul Anderson**

(b) Address **Kennett, Missouri**

19. (a) **12-27-1947** (b) **Earl Hopper**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** - day **25th**  
year **1947** hour **2:00** minute **0** P.M.

21. I hereby certify that I attended the deceased from **11-14-1947**  
**12-16-1947**, 19\_\_\_\_, to **12-25-1947**, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on **12-25-1947**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **Coronary Occlusion**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of Injury \_\_\_\_\_

23. Signature **Joseph P. Winnum** (M.D. or other) \_\_\_\_\_

Address **Kennett, Mo** Date signed **12/26/47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Office No. 2

District File No. 148-19

Date Filed 1-5-48

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**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 *S. Palmer*

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.**