

U.S. No. 2  
OM-5-43  
Rev. 5-17-39  
I X36671

**FILED** DEC 12 1945  
Registration District No. **217**

Primary Registration District No. **5787**

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

1. PLACE OF DEATH:

(a) County **Mississippi**

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

(c) Name of hospital or institution:  
**5 miles N.E. of Charleston**  
(If not in hospital or institution, write street number or location)

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

In this community **50** years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**

(c) City or town **Charleston-Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **RFD # 2 5 mi N. East**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **None**

3. (a) PRINT FULL NAME **William Carl Stopher**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs Maude Stopher**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **February 8, 1890**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>55</b>	<b>9</b>	<b>11</b>	hr. _____ min.

9. Birthplace **Hardin County Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Same**

MOTHER FATHER

12. Name **Joseph Stopher**

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

14. Maiden name **Druelizabeth Carlisle**

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

16. (a) Informant **Mrs Maude Stopher**

(b) Address **R#2 Charleston, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/21/1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **I.O.O.F Charleston, MO**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Charleston, Mo**

19. (a) **11/25/45** (Date received local registrar) (b) **Mrs. John B. Bordura** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November**, day **19th**, year **1945**, hour **3**, minute **45AM**, M.

21. I hereby certify that I attended the deceased from **Nov 29**, 19**43**, to **Nov 19**, 19**45**; that I last saw him alive on **Nov 14**, 19**45**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-Res. renal disease**

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

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

Other conditions **Arteriosclerosis + D.K.**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **[Signature]**

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 **[Signature]** (M. D. or other) \_\_\_\_\_  
Address **Charleston, Mo** Date signed **11/24/45**

15-41

RECEIVED  
District Health Office No. 2  
District File Number 1245-3352  
Date Filed 12/6/45

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 *John F. Munnell Jr*  
Licensed Embalmer No. 3851  
P. O. Address *Charleston, 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.