

REC'D MAY 20 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14945
Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
 (b) Township Gasper Primary Registration District No. 2002 Registered No. _____
 (c) City Goplin (d) Street No. St John's Hospital St. _____
 (If death occurred in Hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 47 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HOMER FRANKLIN HOPKINS 125
 (a) Residence, No. 614 Park Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed Emma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cabinet Maker
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burbon Co Kansas

FATHER 13. NAME Philip Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo.

MOTHER 15. MAIDEN NAME Melissa Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo.

17. INFORMANT (ADDRESS) (Son) Leonard Hopkins 614 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Valley Cem. DATE April 22 38

19. FUNERAL DIRECTOR (ADDRESS) Lanpher Mortuary Goplin Mo.

20. FILED 4 21 38 Ed W. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1938, to April 20, 1938. I last saw him alive on April 20, 1938. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease Date of onset _____

Other contributory causes of importance: Arterio-sclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. B. Chapman M. D.
 (Address) Goplin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Allen E Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Allen E Lanpher

Licensed Embalmer No. 3574

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.)