

Registration District No. 20

Primary Registration District No. 5574

FILED MAR 11 1940

1. PLACE OF DEATH:

(a) County ~~St. Francois~~ Jefferson, Va
(b) City or town Blackwell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Blackwell
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Christopher Douglas Hopkins

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Bollyann Duncan 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 7 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months no Days 20 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Thomas Hopkins
13. Birthplace Not known Mo. (City, town, or county) (State or foreign country)
14. Maiden name M^r Missey
15. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Paula Ann Hopkins (b) Address Blackwell Mo

17. (a) Burial (b) Date thereof Feb. 29, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Pinson Cemetery, Blackwell

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo 381

19. (a) 3-8-40 (b) Geneva Danzell (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1940 hour 4 minute 55 Rt.

21. I hereby certify that I attended the deceased from Dec. 15 1939 to Feb. 27 1940 that I last saw him alive on Feb. 18 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: General arteriosclerosis 10 yrs. nephrosclerosis 10 yrs.

Due to: General arteriosclerosis Unknown

Due to:

Other conditions: (Include pregnancy within 3 months of death) 1st

Major findings: Of operations: -

Of autopsy: no

Duration

PHYSICIAN

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) (c) Means of injury

23. Signature: J. H. W. Registrar (M. D. or other) Address: DeSoto, Mo. Date signed: 2/28/40

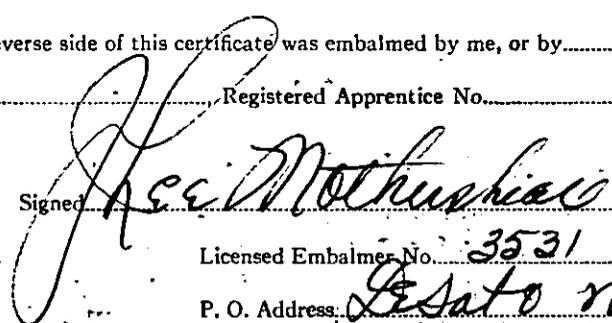
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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



Licensed Embalmer No. 3531

P. O. Address. Esato m

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, above space should be left blank.