. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17330

FD JUN 17 1940

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1857

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 4416 Norledge Avenue (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community About 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 0

(d) Street No. 4416 Norledge Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME James Spencer Hopkins 125

3. (b) If veteran, name war No

3. (c) Social Security No. 442-03-7895

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Dixie Hopkins

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 25 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
58	0	8	____ hr. ____ min.

9. Birthplace Pettis County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Salesman 1

11. Industry or business Falstaff Distributing Co.

MOTHER FATHER

12. Name T. Spencer Hopkins

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

14. Maiden name Henrietta Smith

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

16. (a) Informant Mrs Dixie Hopkins

(b) Address 4416 Norledge

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, missouri

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia Mo

19. (a) May 3, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1940 hour 10 minute 50A.M.

21. I hereby certify that I attended the deceased from 5/2, 1940, to 5/3, 1940, that I last saw him alive on 5/3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension & albuminuria	
Due to 120	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James D. Smith (M. D. or other) MD

Address 318 Professional Bldg Date signed 5/3/40 K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr James D. Bu
Vi 2780
Prof. 1 Bldg
5 P.M.

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.