

S. No. 2
11-10-39
I X27492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17975

JUN 10 1940 85
Registration District No.

Primary Registration District No. 5127

State File No.

Registrar's No. 586

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maxwell road R.R. #3
(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)

3. (a) PRINT FULL NAME EDWARD HARVEY HOPKINS 125

3. (b) If veteran, name war none
3. (c) Social Security No. 487-05-1532

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie C. Hopkins
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. 15th. 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 11 hr. _____ min.

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

10. Usual occupation Retired Butcher

11. Industry or business Swift & Co.

MOTHER FATHER { 12. Name Thomas A. Hopkins
13. Birthplace Chattanooga Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Lucanda Canaday
15. Birthplace Albany Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth McClelland
(b) Address 3504 Seneca St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 29, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH, MO.

19. (a) May 27 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town Rural RR #3
(If outside city or town limits, write "RURAL")
(d) Street No. Maxwell Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1940 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 12 1940 to May 26 1940
that I last saw him alive on May 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 3 days

Due to H.P.P. + Arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) ggs

Major findings: Of operations none

Of autopsy none

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 J.P. Elliott (M. D. or other) 1
Address 80 1/2 Francis Date signed 5-27-40

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 C. J. Swan.....

Licensed Embalmer No. 4082.....

P. O. Address St Joseph.....

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.