

1940

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

27556
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson | Registration District No. 399
 (b) Township 0 | Primary Registration District No. 1002 Registered No. 3189
 (c) City K. C., Mo. (d) Street No. St. Luke Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 125 Elmer W. Hopkins St. (If nonresident, give city or town and State)
Oak Grove, Mo. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 9 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Barber
 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) Mo. 0

13. NAME G. H. Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

15. MAIDEN NAME Zula Strickler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 1

17. INFORMANT (ADDRESS) Eva Hopkins
Oak Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City DATE 8/12 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Crowe
Oak Grove, Mo.

20. FILED Aug. 11, 1940 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1939, to Aug 5, 40
 I last saw him alive on Aug 9, 1940 Death is said to have occurred on the date stated above, at _____ m.

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

Coronary Thrombosis
of ather.

Date of onset

Other contributory causes of importance:
Chronic Hypertension
Hypostension 131

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? yes

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) J. P. Boynton M. D.

(Address) 1116 1/2 E. 12th St. K.C. Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X 14023

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

Z. Webb
....., or by

Registered Apprentice No., working under my personal supervision.

Signed, *Z. Webb*
.....
Licensed Embalmer No. *2352*

P. O. Address *Oak Grove 2*

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.