

Registration District No. 348

Primary Registration District No. 5743

NOV 20 1940

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

1. PLACE OF DEATH:

(a) County Marion County
(b) City or town Palmyra
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community Life time
years, months or days

8. (a) PRINT FULL NAME FRANK HOPKINS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Hester Missouri Marion County
(City, town, or county) (State or foreign county)

10. Usual occupation Farmer Hand

11. Industry or business _____

12. Name Cyra Hopkins
13. Birthplace Emerson Mo Mo
(City, town, or county) (State or foreign country)

14. Maiden name Engelwood
15. Birthplace Emerson Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. F. Furber
(b) Address Emerson Mo.

17. (a) Burial (b) Date thereof Oct 3 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hester Baptist Cemetery

18. (a) Signature of funeral director A. M. Shrago
(b) Address Palmyra Mo.

19. (a) Oct 3-1940 (b) Gertrude Lee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

480 (Specify type of place) (e) Means of injury _____
While at work? _____

23. Signature James O. Donnell (M. D. or other) _____

Address Hannibal Mo. Date signed 10/1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 A. M. Sprague.....

Licensed Embalmer No. 999.....

P. O. Address Palmyra Mo......

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.