

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.

FILED JAN 25 1941

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

48326
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 1046
 (b) Township St. Louis Primary Registration District No. 5810 Registered No. _____
 (c) City Joplin (d) Street No. R. R. 2 St. _____
 (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. da.

2. PRINT FULL NAME Edgar Dewitt Hopkins

(a) Residence, No. R. # 2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	5	0	20	

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. School
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Goodman (STATE OR COUNTRY) Missouri

FATHER

13. NAME Clyde Hopkins
 14. BIRTHPLACE (CITY OR TOWN) Neosho (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mabel Durkin
 16. BIRTHPLACE (CITY OR TOWN) Goodman (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Clyde Hopkins
R. # 2 Joplin

18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho Mo. DATE Dec 18, 1940

19. FUNERAL DIRECTOR (NAME) Walt City Hall Co. (ADDRESS) Walt City, Mo.

20. FILED 12-18-40 Ed. O. Jensen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1940, to Dec 17, 1940
 I last saw him alive on Dec 16, 1940. Death is said to have occurred on the date stated above, at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis

Date of onset _____

Other contributory causes of importance: 108

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) W. S. Loveland M. D.
 (Address) Frisco, Belg. Joplin, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 141-3402

Date Filed JAN 8 1941

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 myself.

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas. M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.