

**JAN 25 1941**

Registration District No. 101

Primary Registration District No. 5930

Registrar's No. 51

**1. PLACE OF DEATH:**

(a) County Polk  
(b) City or town Rural, Northeast Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(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  
In this community all his life (Specify whether years, months or days) 2

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Polk  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Boyd Hopkins

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6: (b) Name of husband or wife Nora 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 11 1910  
(Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

12. Name Claude Curtis

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

14. Maiden name Muriel Haddock

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

16. (a) Informant Claude Hopkins

(b) Address Bolivar, Missouri

17. (a) Burial (b) Date thereof Nov 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Hutchison & Co.

(b) Address Bolivar, Missouri

19. (a) 11-26 (b) H. Roberts  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 26<sup>th</sup>  
year 1940 hour 12:30 minute P.M.

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

Immediate cause of death Broncho pneumonia Duration 6 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
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? 630  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Doyle McLean (M. D. or other) \_\_\_\_\_  
Address Bolivar Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 7

District File Number 1-41-147

Date Filed 1-14-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.