

FILED FEB 17 1941

Registration District No. 99

Primary Registration District No. 4061

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo
(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 _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Christopher C. Hopkins

3. (b) If veteran, name war _____

3. (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 Fannie Hopkins

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Dec. 16, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER: FATHER: { 12. Name W. A. Hopkins

{ 18. Birthplace Monticello Ky.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Orilla Mc Laine

{ 15. Birthplace Atlanta Ga.
(City, town, or county) (State or foreign country)

16. (a) Informant Houstin Hopkins

(b) Address Excelsior Springs Mo.

17. (a) Burial (b) Date thereof Jan. 16,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zimmerman Cemetery

18. (a) Signature of funeral director Alsbaugh & Cowley

(b) Address Polo Mo

19. (a) Jan 20-41 (b) Miss Wylie B. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Polo
(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 Jan. day 14
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 13, 1941 to Jan. 14, 1941; that I last saw him alive on Jan. 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cerebral arteriosclerosis

Due to Generalized arteriosclerosis

Other conditions Chronic myocarditis (intermittent)

(Include pregnancy within 3 months of death)

Duration 6 mos

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 103
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. E. Goldberg (M. D. or other) 1

Address Polo, Mo Date signed 1/15/41

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.