

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9660

State File No. ....

APR 15 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1009

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6638 Wabash Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph H. Hopkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Lula B. Hopkins

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 8 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 0 6 ..hr. ..min.

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

10. Usual occupation Insurance agent

11. Industry or business

MOTHER FATHER { 12. Name Don't know

13. Birthplace Don't know 4  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula B. Hopkins

(b) Address 6638 Wabash Ave.

17. (a) Burial (b) Date thereof 3-17-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) Mich 13 1941 (b) M. B. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6638 Wabash Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? .. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14,  
year 1941 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Mar 12, 1941, to Mar 14, 1941;  
that I last saw him alive on Mar 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to Arterio-sclerosis

Due to stroke

Other conditions 87W  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations No

Of autopsy No

Duration

2 days

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?

While at work? No (Specify type of place) (e) Means of injury No

23. Signature J. J. Jones (M. D. or other)

Address 80 E. Park Date signed 3/14/41

80226 + Passco.

**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 Clarence H. Chiles  
Licensed Embalmer No. 3473  
P.O. Address 76 E. 7th St

**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, fact should be so stated above.**