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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10647

Registration District No. 309 Primary Registration District No. 5428 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Gentry

(b) ~~City or town~~ Huggins Mo. Rural
(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 none (Specify whether
In this community 63 years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Missouri (b) County Gentry 0

(c) City or town Albany, Mo. Rural 0
(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.

3. (a) PRINT FULL NAME Charles Elise Hopkins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret Robinson

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

7. Birth date of deceased July 18 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	7	16	hr. min.

9. Birthplace Gentry County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Joseph Hopkins

13. Birthplace Gentry County (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name Eliza Heck

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

16. (a) Informant Mrs. Charles Hopkins

(b) Address Albany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation Old Brick

18. (a) Signature of funeral director Clifford Burke

(b) Address Albany, Mo.

19. (a) Apr. 1, 1941 (Date received local registrar) (b) W. F. Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1941 hour 8 minute 05P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to March 4, 1941; that I last saw him alive on March 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	2 yrs.
Gangrene of Testicles	20 days
Due to Hydrocyle	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 B

Major findings:
Of operations no
Of autopsy None

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles N Williamson (M. D. or other) DO

Address Gentry Mo. Date signed 3-31-41

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.