

No. 2
-1-4-41
5-17-39
I X2630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18194
State File No. _____
Registrar's No. 430

Registration District No. 5586 430 Primary Registration District No. 4256

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Leeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Leeton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Isaac Eden Hopkins
3. (b) If veteran, name war none 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May, day 25th, year 1941 hour 4:20 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from July 10, 1940 to May 25, 1941, 19____, 19____, 19____, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Sarah Elenore Hopkins 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased April, 12, 1864 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis & complete myocardial degeneration
Due to _____
Due to _____

8. AGE: 77 Years 1 Months 13 Days If less than one day _____ hr. _____ min.

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Eden Hopkins
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Emiline Cox (City, town, or county) (State or foreign country)
15. Birthplace Illinois (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sarah E. Hopkins
(b) Address Leeton, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 27, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mineral Creek, Leeton, Mo.

18. (a) Signature of funeral director R. B. Brunsinger
(b) Address Leeton, Mo.

23. Signature Dr. Peltan (M. D. or other) 20
Address Leeton, Mo. Date signed _____

19. (a) June 6, 1941 (Date received local registrar) (b) Annabel Reynolds (Registrar's signature)

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

RECEIVED
District Health Officer No. 8
District File Number 6-10-41
Date filed

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 _____

R.A. Branninger

Licensed Embalmer No. 3377

P. O. Address Leeton, 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, fact should be so stated above.