

FILED AUG 15 1941

Registration District No. 48

Primary Registration District No. 6281

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot Rolland T.
 (b) City or town St. Charles (Rural)
 (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) (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
 (c) City or town St. Charles (Rural)
 (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.

3. (a) PRINT FULL NAME Robert Hopkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced marrit
 6. (b) Name of husband or wife Francis Hopkins 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 3 1893
 (Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____
 12. Name Miles Hopkins
 13. Birthplace macon (City, town, or county) Mississippi (State or foreign country)
 14. Maiden name Blaine
 15. Birthplace macon (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Dr. Seymour (b) Address St. Charles, Mo

17. (a) Rural (burial, cremation, or removal) (b) Date thereof 7-15-41 (Month) (Day) (Year)
 (c) Place: burial or cremation Valley Groves

18. (a) Signature of funeral director Herman ... (b) Address St. Charles, Mo

19. (a) 8-7-1941 (Date received local registrar) (b) Tom Bragener (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1941 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fell Dead at Home
 Due to Hydropericardium
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

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 _____ (Specify type of place) (e) Means of injury _____
 23. Signature H. P. ... (Date signed) 7/13/41
 Address St. Charles, Missouri

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

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

78
0
0

78

0

0

9610

8-41-31

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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, above space should be left blank.