

Registration District No. **837**

Primary Registration District No. **4508**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Bloomfield, Mo.
(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 _____
 In this community ENTIRE LIFE (Specify whether years, months or days) 3 yrs. 4 mos. 20 days

3. (a) PRINT FULL NAME ARMENTA LURETHIA HOPKINS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband URIAH HOPKINS 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 8 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 83 Days 4 20
If less than one day hr. min.

9. Birthplace NEAR BLOOMFIELD MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
 { 12. Name MOSES PROFFER
 { 13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)
 { 14. Maiden name UNKNOWN
 { 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Baker
 (b) Address BLOOMFIELD, MO.

17. (a) BURIAL (b) Date thereof SEPT. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation LICK CREEK CEM.

18. (a) Signature of funeral director Watkins Funeral Service
 (b) Address Bloomfield, Mo.

19. (a) Sept 30 41 (b) James Lurch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard
 (c) City or town Bloomfield
(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 Sept day 28
 year 1941 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from SEPT 25 1941 to SEPT. 25 1941
 that I last saw her alive on SEPT. 25 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death SENILE DEBILITY

Due to _____
 Due to DIARRHEA 1628

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

Duration _____
 PHYSICIAN L. L. L.
 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? _____

23. Signature [Signature] (Specify type of place)
(a) While at work (b) Means of injury
 Address BLOOMFIELD Date signed 9-30-41

RECEIVED

District Health Office No 2,

District File Number 1041-143

Date Filed 10/14/41

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

B. J. Brentlinger

Licensed Embalmer No. 4261

P. O. Address Keytes, 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.