No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35340

Registration District No. 448 Primary Registration District No. 5608 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Rural Union Twsp Phillipsburg
(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 (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 053

(c) City or town Phillipsburg Mo. Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH H. HOPKINS

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Julia Hopkins

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

7. Birth date of deceased Jan (Month) 20 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	8	18	hr. min.

9. Birthplace Laclede Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Solomon Hopkins
13. Birthplace Tenn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Augline M. Spadden
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Julia Hopkins
(b) Address Phillipsburg Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 20 (Day) 1941 (Year)
(c) Place: burial or cremation Phillipsburg Cemetary

18. (a) Signature of funeral director No Funeral Director
(b) Address ✓

19. (a) 11-6-41 (Date received local registrar) (b) Grace Price (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1941 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-1, 1941, to 10-18, 1941
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. A. McCourt (M. D. or other)
Address Date signed 10/22/41

401 (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 ..... No Embalming ....., Registered Apprentice No. .....
working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.