

17524

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Brawley Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 days  
 In this community 24 days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
 (c) City or town Essex, Mo. R. 2  
 (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 .....

3. (a) PRINT FULL NAME Carl Hopkins,  
 (b) If veteran, name war. .... (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced.  
 (b) Name of husband or wife Lue Hopkins 6. (c) Age of husband or wife if alive 51 years  
 7. Birth date of deceased March 21, 1930  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>21</u>	..... hr. .... min.

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

10. Usual occupation Laboreer

11. Industry or business .....

MOTHER FATHER

12. Name Bob Hopkins,  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace ...  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lue Hopkins,  
 (b) Address Essex, Mo. R. 2.

17. (a) Burial (b) Date thereof June 12, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Walker Cemetery

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

19. (a) 6-16-42 (b) Belle Henne  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11,  
 year 1942 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 18, 1942, to June 11, 1942;  
 that I last saw him alive on June 10, 1942;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess

Due to Broncho-pneumonia

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:  
 Of operations .....

Of autopsy .....

Duration 5-16-42

4-27-42

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? .....

23. Signature W. J. ... (M. D. or other M. D.)  
 Address Poplar Bluff, Mo. Date signed 6-15-42

RECEIVED

District Health Office No. 2,

District File Number 642-807

Date Filed JUN 23 1942

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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.....

*BJ Bientlinger*

Licensed Embalmer No.....

*4291*

P. O. Address.....

*Center, 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.**