

FILED JUL 14 1942

Registration District No. 282

Primary Registration District No. 4166

35  
1  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Dunklin*

(a) County *Dunklin*

(b) City or town *Campbell Mo*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Home of Grace Davis*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *Life* (Specify whether years, months or days)

In this community *Life*

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Dunklin*

(c) City or town *Campbell Mo.*  
(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 *Jessie Alma Hopkins*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *8*  
year *1942* hour *8* minute *2* A.M.

21. I hereby certify that I attended the deceased from *June - 5*  
\_\_\_\_\_, 19*42*, to *7* \_\_\_\_\_, 19*42*  
that I last saw *her* alive on *7* \_\_\_\_\_, 19*42*  
and that death occurred on the date and hour stated above.

4. Sex *F* | 5. Color or race *W* | 6. (a) Single, widowed, married, divorced *6*

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: *Mar.* *1-42*  
(Month) (Day) (Year)

Immediate cause of death *Contusion*

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) *119a*

8. AGE: Years Months Days If less than one day

*13* *8* \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Mo.* \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation *Baby*

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name *Arthur Hopkins*

13. Birthplace *Mo.* \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name *Grace Davis*

15. Birthplace *Mo.* \_\_\_\_\_ (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant *Mrs. Grace Davis*

(b) Address *Campbell Mo.*

17. (a) *Burial* (b) Date thereof *June - 8 - 42*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Woodlawn Friends*

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address *Campbell Mo.*

19. (a) *6-8-42* (b) *Mrs. P. Oliver*  
(Date received local registrar) (Registrar's signature)

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 *John I. Brown* (M. D. or other) *MD*  
Address *Campbell* Date signed *6/8/42*

RECEIVED

District Health Office No. 2,

District File Number, 742-881

Date Filed JUL 13 1942

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.