S. No. 2
M—9-4-41
v. 5-17-39
I X29484

30238

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 101 Primary Registration District No. 5396 Registrar's No.

34
0
0

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

1. PLACE OF DEATH:
(a) County Douglas Co
(b) City or town TWIN—BRIDGES/KALDEN GAULS
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town West Plains Mo
(If outside city or town limits, write "RURAL")
(d) Street No. RFD 1
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Leland Hopkins
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH - 31 - 1922 (Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days 5 If less than one day hr. min.

9. Birthplace West Plains - Mo (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name John William Hopkins
13. Birthplace Howell Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mamie Dale
15. Birthplace Pottersville Mo (City, town, or county) (State or foreign country)
16. (a) Informant John W Hopkins
(b) Address West Plains Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof July 29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Union Grove Cemetery
18. (a) Signature of funeral director Robertson
(b) Address West Plains Mo
19. (a) July 27, 1942 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26 year 1942 hour 4 minute 30 p M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 that I last saw h alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Drowning - in North Fork - near Twin
~~Due to~~ Bridges, Douglas Co Mo.

Other conditions 2 witnesses present.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

183.3
26

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 034
(b) Date of occurrence 7-26-42
(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 C.V. Clinkingbeard Coroner (M. D. or other)
Address Ava Mo Date signed 7-27-42

1056 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 942-1402
Date Filed SEP 15 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. 3235

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.