S. No. 2
1—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41089

FILED JAN 11 1943

Registration District No. 3 Primary Registration District No. 3031 Registrar's No. 60

50
2
2

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

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: OLEVIA HOSPITAL O (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) 1 MONTH

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 50

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME HARVEY HOPKINS

3. (b) If veteran, name war ------

3. (c) Social Security No. ------

4. Sex M

5. Color or race W O

6. (a) Single, widowed, married, divorced SINGLE O

6. (b) Name of husband or wife ------

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

7. Birth date of deceased June (Month) 3 (Day) 1868 (Year)

8. AGE: Years 74 Months 6 Days 5 If less than one day ____ min.

9. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Mathew Hopkins
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Mary Baird
15. Birthplace Baird (City, town, or county) Texas (State or foreign country)

16. (a) Informant MR JOE CASSIDY

(b) Address KIMMSWICK, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation KIMMSWICK CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUN. HOME

(b) Address KIMMSWICK Mo

19. (a) 12-11-42 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8 year 1942 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from 10-20-42, 19__, to 12-8, 1942 that I last saw him alive on 12-7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis Chronic Bronchitis

Major findings:
Of operations
Of autopsy

Duration ?

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 Chas E Fallet (M. D. [redacted]) MO

Address De Soto, Mo. Date signed 12/9/42

387 (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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Arthur W. Hurlytay

Licensed Embalmer No. 3872

P. O. Address Kennewick 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.