

AUG 24 1943

Registration District No. **43** Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County: **Stoddard** **X** Butler

(b) City or town: **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Poplar Bluff Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 days**
(Specify whether years, months or days)

In this community **13 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Clara Mae Hopkins**

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: **Female** 5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Infant**

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **July 18, 1943**
(Month) (Day) (Year)

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

13 hr. min.

9. Birthplace: **Poplar Bluff, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER { 12. Name: **Elvis Hopkins**

{ 13. Birthplace: **Bloomfield, Mo.**
(City, town, or county) (State or foreign country)

{ 14. Maiden name: **Lucy Eaton**

{ 15. Birthplace: **Bloomfield, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Elvis Hopkins**

(b) Address: **Bloomfield, Mo.**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: **July 31, 43**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Lick Creek**

18. (a) Signature of funeral director: **Watkins Funeral Ser.**

(b) Address: **Dexter, Mo.**

19. (a) **7-31-43** (Date received local registrar) (b) **Belle Starnes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Stoddard**

(c) City or town: **Bloomfield**
(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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1943** hour **4** minute **A** M.

21. I hereby certify that I attended the deceased from **7-18-43**
19____ to **7-31**, 19**43**

that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia with detached placenta**

Due to: **This child died from pneumonia**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: **none**

Of autopsy: **done**

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): **no**

(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: **J. M. Starnes** (M.D. or other)

Address: **Poplar Bluff, Mo.** Date signed: _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 843-1020

Date Filed 8-18-43

Handwritten signature and illegible text

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.