

FILED FEB 14 1944

State File No. \_\_\_\_\_

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 23

48

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1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1730 Waubesa Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether years, months or days)

In this community 64 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. 1730 Waubesa Avenue  
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Homer Harrison Hopkins,

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July 26 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>5</u>	<u>21</u>	<u>hr. min.</u>

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

10. Usual occupation Electrician

11. Industry or business X

12. Name Homer H. Hopkins, Sr.

13. Birthplace Michigan  
(City, town, or county) (State or foreign country)

14. Maiden name Mary I. Ambrose

15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Homer H. Hopkins,

(b) Address 1730 Waubesa Ave., Independence, Mo.

17. (a) Burial (b) Date thereof 1-19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 1-19-1944 (b) James [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16  
year 1944 hour 3:28 minute P. M.

21. I hereby certify that I attended the deceased from Deputy to Coroner 19\_\_\_\_;  
that I last saw h. alive on 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

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

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

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

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

Of autopsy See Above

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 See Above (Specify type of place) (Means of injury)

23. Signature H. E. [Signature] (M. D. or other) M. D.

Address 2371 [Signature] Date signed 1/17/44

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

MOTHER FATHER

APR 10 1944

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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 John L. Shurley.....

Licensed Embalmer No. 4056.....

P. O. Address Kansas City, 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.