

FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4663

State File No.

Registration District No. 342

Primary Registration District No. 6153

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Perkins *Perkins, Mo*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Perkins 103
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ()

3. (a) PRINT FULL NAME MARY ELLEN HOPKINS

3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Green Hopkins, deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 13, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months -- Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER { 12. Name Sam Stewart
13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Palmer
15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Summers
(b) Address Perkins, Mo.

17. (a) Burial (b) Date thereof Oct. 11-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gravel Hill cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 12-1-43 (b) M. H. Brewer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1943 hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from 1942 to Oct. 9, 1943

that I last saw her alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions 162 lb
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

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?

While at work? (Specify type of place) Means of injury

23. Signature E. C. Masters (M. D. or other) MD
Address Advance, Mo Date signed 10/21/43

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

RECEIVED

District Health Office No. 2

District File Number 144-134

Date Filed 1-18-44

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.

Signature *James A. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.