

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6530**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **22**

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
811 Sandifer Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 811 Sandifer Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME LUCY EMILY HOPKINS
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 31
 year 1944 hour 6 minute 0 M.
 21. I hereby certify that I attended the deceased from April 10
 1941, to Jan 28 1944
 that I last saw her alive on Jan 28 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 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

Immediate cause of death Pneumonia
 Duration 8 day

7. Birth date of deceased 10 - 1 - 1860
(Month) (Day) (Year)

Due to _____
 Due to _____
 Other conditions none
(Includes pregnancy within 3 months of death)

8. AGE: Years 83 Months 3 Days 30 If less than one day _____ hr. _____ min.
 9. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations no op.
 Of autopsy none
PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation At Home
 11. Industry or business _____
 12. Name Hector Hopkins
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Anne Craig
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Wendt
 (b) Address Unknown

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)

17. (a) Removal (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fulton, Mo.

While at work? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature: AW Campbell (M. D. or other)
 Address: Columbia, Mo Date signed 2-1-44

18. (a) Signature of funeral director Barren Funeral Service
 (b) Address Columbia, Mo.
 19. (a) 2-2-1944 (b) E. Edna H. Barber
(Date received local registrar) (Registrar's signature)

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

10
22
4

1250

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. 4132

P. O. Address Columbia, S.C.

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.