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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17796

FILED JUN 12 1944

Registration District No. 3 — Primary Registration District No. 5291 — Registrar's No. 53

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Rural Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Home Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 years (Specify whether years, months or days) In this community: 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Liberty (If outside city or town limits, write "RURAL")
(d) Street No.: I.O.O.F. Home (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) If yes, name country: ✓

3. (a) PRINT FULL NAME: LILLIE MAE HOPKINS
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, divorced: Widow
6. (b) Name of husband or ~~wife~~: Unknown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Oct. (Month) 26 (Day) 1866 (Year)

8. AGE: Years 77 Months 7 Days 2 If less than one day: hr. min.

9. Birthplace: Troy (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Home wife
11. Industry or business: ✓
FATHER 12. Name: Larkin Carter
FATHER 13. Birthplace: Va. (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Virginia Jones
MOTHER 15. Birthplace: Va. (City, town, or county) (State or foreign country)
16. (a) Informant: Paul G. Rogers Supt.
(b) Address: Liberty Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 30 1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: St. Charles Mo.
18. (a) Signature of funeral director: Church-Archer Co.
(b) Address: Liberty Mo.
19. (a) May 29-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1944 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 2 1942 to May 28 1944 that I last saw h~~er~~ alive on May 28 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Arteriosclerosis	10 yrs
Due to: Chronic Arthritis	15 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury:
23. Signature: Benton Matthews (M. D. or other) M.D.
Address: Liberty Mo. Date signed 5-29-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-9-44

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.~~

Signed Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.