

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30917
Registrar's No. 719

Registration District No. FILED SEP 25 1944

Primary Registration District No. 5466

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield Rural, S. Campbell
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(d) Length of stay: In hospital or institution 25 days
In this community 25 days Springfield, Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Union
(c) City or town De Koven
(d) Street No. Main Street
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME HOPSON, John D.

20. DATE OF DEATH: Month September day 4
year 1944 hour 2 minute 00 AM.

3. (b) If veteran, name war World War II 3. (c) Social Security No. UNK.

21. I hereby certify that I attended the deceased from August 11, 1944 to September 4, 1944; that I last saw him alive on September 3, 1944; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased June 29 1916

Immediate cause of death Epilepsy, idiopathic
Duration ?

8. AGE: Years 28 Months 2 Days 5 If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 85
Of autopsy

9. Birthplace Henshaw Kentucky

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Tomar Hopson
13. Birthplace unk. Kentucky
14. Maiden name Mary Elizabeth
15. Birthplace unk. Kentucky

16. (a) Informant File
(b) Address M.C.E.P.

17. (a) Removal (b) Date thereof Sept 5 1944
(c) Place: burial or cremation Sturgis, Kentucky

18. (a) Signature of funeral director Fred P. Preme
(b) Address 1100 Booneville Ave, Spfld, Mo.

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?
While at work? (Specify type of place)
Mean of injury ?
23. Signature E.W. Moreland (M. D. 2-20-40)
Address Medical Center Fed. Prisoners Spfld, Mo.

19. (a) 9-5-44 (b) E.W. Moreland
(Date received local registrar) (Registrar's signature)

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.....*Fred C. Thieme*.....

Licensed Embalmer No. *2899*.....

P. O. Address.....*Springfield, 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.