

FILED NOV 13 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 508

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

19
2
5

1. PLACE OF DEATH: Jasper

(a) County Jasper

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

(c) Name of hospital or institution:
2520 East 7th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life Time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 2520 East 7th Street 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 0

3. (a) PRINT FULL NAME Leonard R. Hopkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Monday
October 16 44 to October 18 44;
that I last saw him alive on October 18 44
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 Married
6. (b) Name of husband or wife Katherine
6. (c) Age of husband or wife if alive 40 years

Immediate cause of death Acute Pulmonary Edema
Duration 1 day

Due to Congestive Heart Failure 4 mo

7. Birth date of deceased June 22, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 3 26 hr. min.

Other conditions Ascites (marked)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Masseur

11. Industry or business Masseur

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

MOTHER FATHER { 12. Name Homer F. Hopkins
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Emma McClarny
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katherine Hopkins
(b) Address 2520 East 7th St Joplin, Mo

17. (a) Burial (b) Date thereof Oct 21.44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Valley Cemetery

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

23. Signature Robert L. Smith (M. D. or other) DR
Address 521 W. 4th St Joplin, Mo Date signed Oct 20 1944

18. (a) Signature of funeral director Joplin, Missouri
(b) Address

19. (a) 10-20-44 (Date received local registrar) (b) [Signature] (Registrar's Signature)

44-11-86P

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 David Dillon

Licensed Embalmer No 3898

P. O. Address Joplin, 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.