

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1945
Registration District No. 10457

Primary Registration District No. 5424

Registrar's No. 1

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

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

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

3. (a) PRINT FULL NAME Dorthey Leish Hopkins
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 14th
 year 1945 hour _____ minute _____ M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced ✓
 (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)
 7. Birth date of deceased September 11 1944
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 10 1945 to Jan 14 1945 that I last saw h. ex alive on Jan 10 1945 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 4 Days 3 If less than one day hr. _____ min. _____

Immediate cause of death Streptococci laryngitis Duration 10 days

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

Due to _____
 Due to _____

10. Usual occupation Baby

Other conditions (include pregnancy within 3 months of death) 10
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER

11. Industry or business _____
 12. Name Arthur Hopkins
 13. Birthplace Arkansas (City, town, or county) (State or foreign country)
 14. Maiden name Edna Davis
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Arthur Davis
 (b) Address Campbell, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1945 (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature St. J. Rutledge (M. D. or other) MD
 Address Campbell, Mo Date signed 1/16/45

18. (a) Signature of funeral director L. Anderson
 (b) Address Campbell, Mo
 19. (a) Jan 17 1945 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 245-225

Date Filed 2-15-45

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.....

..... P. O. Address.....

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.