

FILED APR 23 1945
Registration District No. **133**

Primary Registration District No. **3022**

Registrar's No. **28**

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Wood, Bethany mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-1/2 (Specify whether
In this community Whole life years, months or days)

3. (a) PRINT FULL NAME David Simpson Hopkins
3. (b) If veteran, name war ← 3. (c) Social Security No. ←

4. Sex an (M) 5. Color or race W. 6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Anna Cook Hopkins 6. (c) Age of husband or wife if alive ← years
7. Birth date of deceased 3 - 8 - 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 16 hr. min.

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

10. Usual occupation Retired Turner

11. Industry or business

12. Name David Hopkins

13. Birthplace Wentworth, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Gilliland

15. Birthplace East Brown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mirtie Burns

(b) Address Pidgeon, mo

17. (a) Burial (b) Date thereof 2 27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holly Cemetery

18. (a) Signature of funeral director W. Rogers
(b) Address Pidgeon mo

19. (a) Mich-5-1945 (b) Zola M Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Harrison
(c) City or town Bethany mo (If outside city or town limits, write "RURAL") 111
(d) Street No. ← (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ←

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 24
year 1945 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 19
1945 to Feb 24 1945
that I last saw him alive on Feb 24 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 130
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) 1
(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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Ralph L. Walker (M. D. or other) DO
Address Bethany, mo Date signed 3/4/45

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 *R R Rogers*
Licensed Embalmer No. *95-76*
P. O. Address *Ridgeway 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.