S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20342

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 477

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 1252 SHERMAN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County GREENE 39

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

(d) Street No. 1252 SHERMAN
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME STEPHEN DOUGLAS HOPKINS.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased MAY (Month) 21, (Day) 1945 (Year)

8. AGE: Years 0 Months 0 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation INFANT

11. Industry or business AT HOME

FATHER
12. Name Wm D. HOPKINS
13. Birthplace PULASKI CO. (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name MARY E. MAYFIELD
15. Birthplace LACLEDE CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Wm D. Hopkins
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield, Mo.

19. (a) 6-11-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11 year 1945 hour 2 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 4, 1945 to June 11, 1945 that I last saw him alive on June 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death acute hepatitis with severe jaundice — Duration 2 wks

Due to

Due to 161 C

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur D Knapp (M. D. or other) MD

Address 450 1/2 E. Court St. Sed., Mo. Date signed 6-11-45

(Licensed Embalmer's Statement on Reverse Side)

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 Ogb Slone

Licensed Embalmer No. 4176

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.

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