

FILED Registration District No. **114/18** 1945

Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 da**
(Specify whether years, months or days) **abt 20 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Andrew**
(c) City or town **Rural of Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **RFD # 3**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM-B-HOSKINS**
3. (b) If veteran, name war **NO**
3. (c) Social Security **488-14-9612**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **4**
year **1945** hour **6** minute **45** P.M.

4. Sex **Male** 5. Color of hair **Wht** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Louisa** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **March 4 1871**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6/21/45** 19... to **7/4/45** 1945;
that I last saw him alive on **7/4/45** 19...;
and that death occurred on the date and hour stated above.
Immediate cause of death **acute coronary occlusion 8 da.**

8. AGE: Years **74** Months **4** Days **0** If less than one day
hr. min.

Due to **chronic myocarditis 5 yrs.**
Due to _____

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

10. Usual occupation **Retired Employee**

11. Industry or business **Ph. Co. R.R. and Power Co.**

12. Name **George Hopkins**

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

14. Maiden name **Sophia Moon**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Myra Louisa Hopkins**

(b) Address **R. 12 3 St Joseph, Mo**

17. (a) (b) Date thereof **7/8/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Northville Mo.**

18. (a) Signature of funeral director **Stamey Thomas**
(b) Address **St Joseph Mo**

19. (a) **J. S. [Signature]** (b) **John J. Fuchs**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **A40**
Of autopsy _____

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 **0**

23. Signature **W. [Signature]** (M. D. or other) **P**
Address **Kingston Mo** Date signed **7/5/45**

Duration
8 da.
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dv
Kirp. Pol
75131

JAN 23 1961

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 *John Ray Stoney*

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph*

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.