V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23821

Registration District No. 84 Primary Registration District No. 4148 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cooper

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

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

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

3. (a) PRINT FULL NAME Alvin Matthew Hopkins

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sallie E. Hopkins

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) 2 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	14	..... hr. ..... min.

9. Birthplace Fleming County, Kentucky / (City, town, or county) (State or foreign country)

10. Usual occupation Drayman

11. Industry or business .....

FATHER
12. Name William Hopkins
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary C. Wilson
15. Birthplace Kentucky / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sallie E. Hopkins
(b) Address Otterville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director L. F. Parker
(b) Address Otterville, Mo.

19. (a) 7-20-45 (Date received local registrar) (b) Mrs Geo W Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1945 to July 15, 1945 that I last saw him alive on July 15, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis — Duration

Due to .....

Due to .....

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

Major findings:
Of operations 13 lb

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? .....

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

23. Signature Robt L. Fogle (M. D. or other) 7/16
Address Otterville, Mo Date signed 7/16/45

1087

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-2-45

AUG 20 1945

NOV 26 1945

AUG 23 1945

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, 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.