

**1. PLACE OF DEATH:**  
 (a) County Dunklin  
 (b) City or town Kennett, mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Presnell Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

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

**3. (a) PRINT FULL NAME** Dearl Hopkins  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 8/29/45 day \_\_\_\_\_  
 year \_\_\_\_\_ hour 7 minute 0 M.  
 21. I hereby certify that I attended the deceased from 8/29/45 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
 that I last saw him alive on 8/24/45, 19 \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Aug 6-1943  
 (Month) (Day) (Year)

Immediate cause of death: Myocardial infarction  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years 12 Months 0 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace Kennett, mo  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Marvin Hopkins  
 13. Birthplace mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lena Thornell  
 15. Birthplace La  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Marvin Hopkins  
 (b) Address Detroit, Mich  
 17. (a) Burial (b) Date thereof 9-1-1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Kennett, Mo  
 18. (a) Signature of funeral director W. A. Juby  
 (b) Address Reister, Ark  
 19. (a) 9-8-45 (b) Carl Husband  
 (Date received local registrar) (Registrar's signature)

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 W. A. Juby (M. D. or other) \_\_\_\_\_  
 Address Kennett, mo Date signed 9-28-45

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

RECEIVED

District Health Office No. 2

District File Number 1045-311

Date Filed 10-8-75

STATEMENT BY LICENSED EMBALMER

~~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 P. Casner

Licensed Embalmer No. 2912

P. O. Address Reston, Ark

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.