

5-17-39
X37823

FILED FEB 15 1946

Registration District No. 20 Primary Registration District No. 4194 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany
(c) Name of hospital or institution: 1
(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 _____

3. (a) PRINT FULL NAME George Thomas 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 Jony Humphrey 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 26 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Albany Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Dairyman

11. Industry or business _____

MOTHER FATHER
12. Name James M. Hopkins
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Minerva J. General
15. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. T. Hopkins
(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 1/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coryville
18. (a) Signature of funeral director Clifford Burke
(b) Address Albany Mo.

19. James T. 1946 (b) James T. 1946
(Date Registered local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
(c) City or town Albany 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1946 hour 5 minute 37 A. M.

21. I hereby certify that I attended the deceased from Dec. 15, 1945
to Jan. 24, 1946
that I last saw him alive on Jan. 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant destruction of ribs and metastatic malignancy of skull and left clavicle
Due to 1 yr.

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 cause: (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? _____ (c) Means of injury _____

23. Signature C. J. Pray (M. D. or other) _____
Address Albany, Mo. Date signed 1-24-46

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

8

800

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Clifford Burke
Licensed Embalmer No. 3329
P. O. Address Albany 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.