

No. 2
1-2-43
5-17-39
I X35097

FILED APR 13 1946

Registration District No. **157**

Primary Registration District No. **4248**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Sarcoxie**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 years** _____ (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper**
(c) City or town **Sarcoxie**
(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 **James E. Hopkins**

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, **married**

6. (b) Name of husband or wife **Nettie** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **December 23 1859**
(Month) (Day) (Year)

8. AGE: Years **86** Months **3** Days **4** If less than one day hr. min.

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

10. Usual occupation **Farm Laborer**

11. Industry or business **Nursery**

12. Name **James M. Hopkins**

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

14. Maiden name **Bellah Cox**

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

16. (a) Informant **Mrs. James Hopkins**

(b) Address **Sarcoxie, Missouri**

17. (a) **Burial** (b) Date thereof **3/29/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sarcoxie Cemetery**

18. (a) Signature of funeral director **Roland Engelage**

(b) Address **Sarcoxie, Missouri**

19. (a) **3-30-46** (b) **L. B. Clinton M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**
year **1946** hour **7** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Jan 3**
1943 to **March 27 1946**
that I last saw him alive on **March 27** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis Jan 3-46**
Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **946**

Of autopsy **946**
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 **L. E. Kellane** (M. D. or other) **DO.**
Address **Sarcoxie Mo** Date signed **3/28/46**

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

8796

139

46-3-231

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..... *Geo. B. Orr*

Licensed Embalmer No. *946*

P. O. Address *Mt. Vernon, Md.*

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.