. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36529

Registration District No. 96 Primary Registration District No. 5350 Registrar's No. 77

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Urbana, MO.
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 30

(c) City or town Urbana 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MARY EMALINE HOPKINS

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

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

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife ISAAC G. HOPKINS

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

7. Birth date of deceased Nov (Month) 23 (Day) 1870 (Year)

8. AGE: Years 75 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Polk County (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

FATHER
12. Name Henry Dryer
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Polly Tharp
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mr. J. H. Hopkins

(b) Address Urbana, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mission Ridge

18. (a) Signature of funeral director Vaughan - Reser

(b) Address Urbana, MO

19. (a) 11-30-46 (Date received local registrar) (b) Grace Petree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Nov 13, 1946 to Nov 18, 1946 that I last saw her alive on Nov 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gerebral Hemorrhage	4 dy
Due to:	
Due to: Same Hypertension	1 hr
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 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 .....

23. Signature G. Slosel (M.D. or other) MD

Address Urbana MO Date signed Nov 17 1946

(Licensed Embalmer's Statement on Reverse Side)

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 Allen W. Vaughan

Licensed Embalmer No. 4756

P. O. Address Urbana, 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.