

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

2032

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 5 1947
Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution:
1511 Keller St. /
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1511 Keller 2
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME CLARA BLANCHE HOPKINS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Chandler Russel

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept 28 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>3</u>	<u>29</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name A. L. Heaven

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Whitson

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

16. (a) Informant C. R. Hopkins

(b) Address 1511 Keller St.

17. (a) Burial (b) Date thereof Jan 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amity, Mo.

18. (a) Signature of funeral director Paul C. Null

(b) Address 508 W. 8th St.

19. (a) 1-28-47 (b) Richard Stoeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1947 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from 10-30-46
/ _____, 19____, to 1-27-47, 19____;
that I last saw her alive on 1-27-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Valvular Heart Disease

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Richard Stoeck (M. D. or other)

Address Rolla Mo Date signed 1/27/47

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

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.....

Paul E. V. Jones.....; Registered Apprentice No. *428*
working under my personal supervision.

Signed.....*P. E. V. Jones*

Licensed Embalmer No. *3397*

P. O. Address.....*Roller 5110*

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.