

No. 2
12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9145
State File No. _____
Registrar's No. 1084

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days) 2 mo.

3. (a) PRINT FULL NAME RICHARD HOPKINS
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife Loretas Redman Hopkins
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 9/8/1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 1
If less than one day hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER {
12. Name Dennis Hopkins
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Julina Hilsabeck
15. Birthplace No Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant John Hopkins
(b) Address 8617 Thompson

17. (a) Removal (b) Date thereof 3/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mountain View, Mo.

18. (a) Signature of funeral director John F Shell
(b) Address K C Mo

19. (a) 3-10-47 (b) Alfredine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Collins, 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1947 hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from 3-9
3, 1947, to 3-9, 1947.
that I last saw him alive on 3-9, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema and congestion
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
Duration _____
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 _____
23. Signature John F. Shell (M.D. or other) JMR
Address Gen. Hosp. #1 Date signed _____

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..... *John P. Sheil*
Licensed Embalmer No. *3625*
P. O. Address..... *K. L. 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.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1084

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen. Hosp. #1
(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)

3. (a) PRINT FULL NAME

Richard Hopkins

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

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day) _____ hr. _____ min.

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

10. Usual occupation

11. Industry or business

MOTHER, FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) 3-10-47 (Date received local registrar) (b) Theraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 1947 year hour 3:20 minute 00 P.M.

21. I hereby certify that I attended the deceased from 3-9 to 3-9, 1947, that I last saw her alive on 3-9 and that death occurred on the date and hour stated above. Immediate cause of death _____

pulmonary edema + congestion
Due to _____

Due to due to chronic myocarditis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 932

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 _____

23. Signature Wm. W. Hart (M. D. or other) _____ Address Gen. Hosp #1 Date signed _____

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

SUPPLEMENTAL

S-9145