

S. No. 2
M-8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12043

State File No.

FILED APR 10 1947

Registrar's No. 58

Registration District No. 324

Primary Registration District No. 3072

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

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
457 West Morgan /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community All her life
 years, months or days)

3. (a) PRINT FULL NAME Mary Lou Hopkins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife George W. Hopkins 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 14th, 1851
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>7</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name Max Haynie
 13. Birthplace Saline County, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Barrett
 15. Birthplace Saline Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Lou Hopkins
 (b) Address Marshall Mo

17. (a) Burial (b) Date thereof March 15, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell Rennie

(b) Address Marshall, Missouri

19. (a) Mar. 15-1947 (b) Sidney T Gray
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 457 West Morgan
 (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 13
 year 47 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10 to 47
10 47 March 13 47
 that I last saw her alive on March 12 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial sclerosis agi.

Due to _____

Due to _____

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

Major findings:
 Of operations 97

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO
 (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 R. Johnson (M. D. or other)
 Address Marshall Mo Date signed 3/13/47

Duration _____
 Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-8-47.....

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 Jan. H. Lewis.....
Licensed Embalmer No. 1171.....
P. O. Address Marshall - 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.