. S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24225

Registrar's No. 3149

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:
Menorah Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 35 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 199
(c) City or town Kansas City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 4108 Metropolitan Ave. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Charles Hopkins

3. (b) If veteran, name war no

3. (c) Social Security No. 709-18-2705

4. Sex Male O

5. Color or race Wht

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

6. (b) Name of husband or wife Claudia Hopkins

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

7. Birth date of deceased June (Month) 23 (Day) 1885 (Year)

8. AGE: Years 62 | Months 1 | Days 1 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Locomotive Engineer.

11. Industry or business A. T. & Santa Fe R.R.

FATHER
12. Name William Hopkins
13. Birthplace Plattsburg (City, town, or county) Missouri (State or foreign country) O

MOTHER
14. Maiden name Anna Froman
15. Birthplace Plattsburg (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Claudia Hopkins
(b) Address 4108 Metropolitan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem. K.C. Ks.

18. (a) Signature of funeral director Simmons
(b) Address 1404 So. 37 K.C. Ks.

19. (a) 7-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1947 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from 10-1, 1946, to 7-24, 1947 that I last saw him alive on 7-24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	4 hrs
Due to: Coronary Sclerosis	years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Basal Cell Carcinoma (clin)	15 yrs
Major findings: Of operations: Basal Cell Ca clin left mandible. 53	
Of autopsy: Obliteration of Coronaries. Myocardial degeneration	

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) O
While at work? (e) Means of injury

23. Signature Harry C. Lapp (M. D. or other) MD
Address 1103 Grand Date signed 7-26-47

(Licensed Embalmer's Statement on Reverse Side)

AUG 5 1957

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 H Simmon

Licensed Embalmer No. 3903

P. O. Address K & K

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.