

No. 2
8-43
17-39
237823

FILED OCT 3 1947
Registration District No. 277

Primary Registration District No. 5948

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Ashley Sup Rural
(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 Home
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike 82
(c) City or town Starbuck Sup Rural
(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 _____

3. (a) PRINT FULL NAME Mary Lydia Hopkins

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased Jan 18 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Pike Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name HENRY EXILLARD
13. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name MRS SCHWARTZ
15. Birthplace Warren Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. A. Shepherd

(b) Address New Starbuck MO

17. (a) Burial (b) Date thereof 9 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley 177

18. (a) Signature of funeral director Wm. C. A. Shepherd
(b) Address Banking Bldg MO

19. (a) 9-23-47 of Bill Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from June 1st 1946 to _____ 19____;
that I last saw him alive on Sept 8th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Fracture, left leg

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:

(c) 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? _____

23. Signature J. B. Bigger, M.D. (M. D. or other) _____
Address Banking Bldg, MO Date signed 9-15-47

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

RECEIVED
District Health Officer No. 10
District File Number 1047-1335
Dob File - OCT - 1 1947

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 *Wm. M. Danford*

Licensed Embalmer No. *2264*

P. O. Address *Bowling Green*

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. 277 Primary Registration District No. 5948

1. PLACE OF DEATH:

(a) County Ribe

(b) City or town Rural
(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 _____ (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 _____

3. (a) PRINT FULL NAME Mary L. Hopkins

3. (b) If veteran, name war _____

3. (c) Social security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ and that death occurred on the date and hour stated above.
immediate cause of death _____

Duration _____

4. Sex F

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 13
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____
If less than one day

9. Birthplace MO
(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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Fracture left leg
(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) accident, fall

(b) Date of occurrence June 15th, 1947

(c) Where did injury occur? at his home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In his home, New Hartford, Missouri
(Specify type of place)

While at work? No (e) Means of injury fall

23. Signature [Signature] (M. D. or other) _____
Address Bonny Green, Mo. Date signed _____

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

SUPPLEMENTARY

5-32085