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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 4522
Registrar's No. 184

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital, Springfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two days (Specify whether
In this community Six Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 State Street 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ira O. Hopkins
3. (b) If veteran, name war World War II
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie Hopkins
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased December (Month) 17 (Day) 1909 (Year)

8. AGE: Years 38 | Months 2 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Rossville (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Receiving Clerk
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant VA Records
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem
18. (a) Signature of funeral director Forman-Scharff Funeral Home
(b) Address Springfield Mo
19. (a) 3/1/48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 26
year 1948 hour 9 minute 37 P.M.
21. I hereby certify that I attended the deceased from February 24, 1948, to February 26, 1948;
that I last saw him alive on February 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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)
While at work? Paul L. Eisele Date of injury 0
23. Signature PAUL L. EISELE (M. D. or ~~XXXX~~)
Address O'Reilly VA Hospital Date signed 2-27-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1948

MAR 17 1948

APR 27 1948

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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.