

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7607**
Registrar's No. **34**

Registration District No. **360** Primary Registration District No. **6225**

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

1. PLACE OF DEATH:
(a) County **Keosauqua**
(b) City or town **Washington Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **State Hospital # 3 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 yrs 6 mo 13 day**
(Specify whether in this community **same** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Barton**
(c) City or town **Liberal**
(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 ESTELLE HOPKINS**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **15**
year **1948** hour **10:45** minute **P** M.

4. Sex **F** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Henry Hopkins**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 7 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 17 1948** to **15 Feb 1948**
that I last saw her alive on **6 Feb 1948**
and that death occurred on the date and hour stated above.

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

Immediate cause of death **arteriosclerosis heart disease**
Due to **generalized arteriosclerosis**

9. Birthplace **Frederonia Kansas**
(City, town, or county) (State or foreign country)

Other conditions _____
(include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Home work**

11. Industry or business _____
12. Name **Jaycee M Coulford**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **S. Burford**
15. Birthplace **Leadon Co. Missouri**
(City, town, or county) (State or foreign country)

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)
(c) Means of injury _____

16. (a) Informant **Reporte**
(b) Address **State Hosp # 3**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2 18 1948**
(Month) (Day) (Year)
(c) Place: burial or cremation **Liberal, Missouri**

23. Signature **Jaycee M. Coulford**
Address **State Hosp # 3** Date signed **15 Feb 1948**

18. (a) Signature of funeral director **Church & Neale**
(b) Address **Stockton, Missouri**
19. (a) **2-21-48** (Date received local registrar) (b) **Hathorn** (Registrar's signature)

RECEIVED

District Health Officer No. 7;

District File Number 1-48-114

Date Filed 2-25-48

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 Allen E. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.