

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

FILED AUG 9 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 814

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1702 Seymour Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution not (Specify whether
In this community 62 years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harvey Sylvester Hopkins

3. (b) If veteran, name war None 3. (c) Social Security No. 487-05-1001

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ruby Hopkins 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 3 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Steam fitter

11. Industry or business Swift & Co.

12. Name John Wallace Hopkins

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Ada Anarbelle

15. Birthplace Highlands Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Wildhagen

(b) Address 3602 Seneca St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof July 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) August 4, 1948 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1702 Seymour Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-24-1946
to 7-27-48
that I last saw him alive on 7-20-48
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Hypostatic Duration 2 Months
Due to Heart Disease, Arteriosclerosis 4 yrs

Due to Arteriosclerosis General

Other conditions Chirrosis of the Liver 4 yrs
(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) _____
(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 blow) _____
While at work? _____ (e) Means of injury _____

23. Signature H. C. Senne (M. D. or other) _____
Address 267 1/2 S Blg St. Joseph Date signed 7-22-48

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, ~~and~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Raymond W. Meredith

Licensed Embalmer No. **4413 Missouri.**

P. O. Address..... **St. Joseph, 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,