

FILED SEP 9 1948
Registration District No. 43

Primary Registration District No. 3007

State File No. _____
Registrar's No. 281

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(c) Name of hospital or institution: Poplar Bluff Hosp.
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution Day
In this community Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben Hopkins
3. (b) If veteran, name war. _____
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 Vennie Hopkins
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Jan. 13 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 7 9 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jonas Hopkins
13. Birthplace Stoddard Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Victoria Gregg
15. Birthplace Stoddard Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Hopkins
(b) Address Bloomfield, Mo. R. F. D.
17. (a) Burial (b) Date thereof 8-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lick Creek Cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.
19. (a) 8/31/48 (b) R. D. M... 205
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Bloomfield, 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1948 hour 9 minute 10 P.M.
21. I hereby certify that I attended the deceased from 6-22
1948, to 8-22, 1948
that I last saw h. in alive on 8-22, 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Lung cancer Duration 3 days

Due to Osteomyelitis of rt. Mandible
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 154 B
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) _____
While at work? _____ (e) Means of injury _____
23. Signature Frank E. Smelly (M. D. or other) MD
Address Poplar Bluff, Mo. Date signed 8/31/48

RECEIVED

District Health Office No. 2,

District File Number 242-1127

Date Filed 9-2-46

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, only.....

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

Signed Lulu Cooper.....

Licensed Embalmer No. 3499.....

P. O. Address Bloomfield, Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.