

No. 300  
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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 3 1948  
Registration District No.       

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25764  
Registrar's No. 110

Primary Registration District No. 3012

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

1. PLACE OF DEATH:  
(a) County Clay  
(b) City or town Excelsior Springs, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 1 mo. 2 days  
(Specify whether years, months or days)  
In this community 1 yr. 1 mo. 2 days

3. (a) PRINT FULL NAME Wallace G. Hopkins  
3. (b) If veteran, name war World War II  
3. (c) Social Security No. 496038610

4. Sex White 5. Color or race Male  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lucille Hopkins  
6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased October 28 1907  
(Month) (Day) (Year)

8. AGE: Years 40 Months 10 Days 21  
If less than one day hr. min.

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

10. Usual occupation Upholsterer

11. Industry or business Upholstery Co.

12. Name Lige Hopkins

13. Birthplace Stilwell Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Turnbough

15. Birthplace Salem Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration Hospital

(b) Address Excelsior Springs, Mo. 8-19-48

17. (a) Removal (b) Date thereof 8-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director. SEBETTO FUNERAL HOME

(b) Address Kansas City, Mo.

19. (a) 8/19/48 (b) Caroline Hutchings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1208 E. 5th 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 August day 19  
year 1948 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from July 7, 1947 to August 19, 1948;  
that I last saw him alive on August 19, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, reinfection type, far advanced, active  
Duration Unkno.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tuberculosis, gastro intestinal tract  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edw. P. Altomare (M. D. or other) M. D.

Address Excelsior Springs, Mo. Date signed 8-19-48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-2-48

SEP 3 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 \_\_\_\_\_

Ray Snow

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Ray Snow

Licensed Embalmer No. 2560

P. O. Address 5th & Campbell  
Chicago, Ill.

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.