S. No. 2
M—1/47
Ex. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40180

FILED JAN 15 1949

Registration District No. 199 — Primary Registration District No. 1002 — Registrar's No. 5336

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2447 Euclid (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 29 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 2447 Euclid Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James E. Hopson
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Callie Hopson
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: July (Month) 14 (Day) 1872 (Year)
8. AGE: Years 76 Months 5 Days ~~12~~ 13 If less than one day ..... hr. ..... min.
9. Birthplace: Cherry Hill (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business:
FATHER 12. Name: Joe Hopson
FATHER 13. Birthplace: (City, town, or county) Mississippi (State or foreign country)
MOTHER 14. Maiden name: Harriett Lyons
MOTHER 15. Birthplace: (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant: Laura Hopson
(b) Address: 2447 Euclid
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery, K. C. Mo.
18. (a) Signature of funeral director: Fannie L. Meek
(b) Address: 1708 E. 18th St., K. C. Mo.
19. (a) 12-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1948 hour 9 minute 30a M.
21. I hereby certify that I attended the deceased from December 30, 1946, to December 27 1948 that I last saw him alive on December 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration 5 yrs
Coronary occlusion
Due to: OLD AGE
Due to:
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 940
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? (e) Means of injury: 0
23. Signature: Donald S. Ferguson (M. D. or other) Donald S. Ferguson
Address: 1214 Vine Date signed: 12/29/48

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

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 Maynard C. Williams, Registered Apprentice No. 15, working under my personal supervision.

Signed Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address Kansas City 8, 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.