

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22615

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 758

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>15 Mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>509 South 18th Street</u>			d. STREET ADDRESS (If rural, give location) <u>509 South 18th Street.</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Ellena</u>	c. (Last) <u>Hopkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 5 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2 6 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>William Henry Sexton</u>		13b. MOTHER'S MAIDEN NAME <u>Kizzie Ann Moss</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Hopkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. J. D. Sexton 509 S. 18th St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Heat Stroke</u> <u>Senility</u> ANTECEDENT CAUSES <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> <u>30 Days</u> <u>89310</u> <u>22</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Heat Stroke</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>509 S. 18th St</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Heat Stroke</u> <u>131</u>			
22. I hereby certify that I attended the deceased from <u>4 July</u> , 19 <u>49</u> , <u>4 July</u> , 19 <u>49</u> that I last saw the deceased alive on <u>4 July 1949</u> , and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>E. H. Jenkins M.D.</u>			23b. ADDRESS <u>1908 Messanie St. St. Joe Mo</u>		23c. DATE SIGNED <u>7 July 49</u>
24a. BURIAL CREMATION, REBURY (Specify) <u>Burial</u>	24b. DATE <u>7 8 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 8, 1949</u>	REGISTRAR'S SIGNATURE <u>E. H. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Alexander St. Joseph, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Wm. H. Alexander

Licensed Embalmer No. _____

4450

P. O. Address _____

St. Joseph, Mo.

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

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