

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23445**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1000** Registrar's No. **3016**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 2229 Harrison Street	

3. NAME OF DECEASED (Type or Print) a. (First) SILAS	b. (Middle)	c. (Last) HOPKINS	4. DATE OF DEATH (Month) (Day) (Year) JUNE 29 1949
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 3 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SKILL LABORER	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) LAKE VILLAGE, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? —
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13a. FATHER'S NAME LEE HOPKINS	13b. MOTHER'S MAIDEN NAME LUCY GREGORY	14. NAME OF HUSBAND OR WIFE Mary Hopkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 495-09-1553	17. INFORMANT'S SIGNATURE OR NAME ROSCOE HOPKINS	ADDRESS 2325 Troost Avenue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RESPIRATORY FAILURE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHIAL OBSTRUCTION DUE TO (c) possible bronchogenic carcinoma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 162x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **5/2/1949** to **6/29/1949**, that I last saw the deceased alive on **6/29/1949** and that death occurred at **9:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis M.D.	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 6/30/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7-7-49	24c. NAME OF CEMETERY OR CREMATORY Municipal Cemetery	24d. LOCATION (City, town, or county) (State) Jackson MO
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DATE REC'D BY LOCAL REG. 7-11-49	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W.M. Johnson	ADDRESS RC MO
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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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. A. Romney* _____

Licensed Embalmer No. *3089* _____

P. O. Address *RC 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.