

Registration District No. 2

Primary Registration District No. 5100

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural W. Boone Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 24 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 0190

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Coldwater Twp
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Norval Hopkins

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 19th year 1949 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 18 1949 to Dec 19 1949

that I last saw h. 17 alive on Dec 19 1949 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Hopkins 6. (c) Age of husband or wife if alive 60 years

Birth date of deceased July 1 - 1886
(Month) (Day) (Year)

Immediate cause of death Coronary of left upper lobe of lung Duration 24 hrs

8. AGE: Years 63 Months 5 Days 18 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace New Lancaster, Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

10. Usual occupation Retired Merchant

11. Industry or business Retail General

12. Name Andrew J. Hopkins

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

14. Maiden name Anna M. Gould

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

16. (a) Informant Bernard Hopkins

(b) Address Harrisonville - Mo.

17. (a) Burial 5 (b) Date thereof 12-21-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Lancaster, Mo.

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? _____

18. (a) Signature of funeral director Ward S. Kump

(b) Address Louisburg, Kansas

While at work? _____ (Specify type of place)

(c) Means of injury D

23. Signature Brill ex officio M.D. (M.D. or other)

Address Al report Mo Date signed 12/18/49

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

FEB 8 1950

RECEIVED

District Health Officer No. 7,

District File Number 12-49-20

Date Filed 1-28-50

JAN 10 1950

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.....

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

Signed Ward B. Runyon

Licensed Embalmer No. 3222

P. O. Address Louisburg Kan

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.