

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4779

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 485			
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. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) Emery Hotel			
d. FULL NAME OF HOSPITAL OR INSTITUTION Vineyard Park Hospital				3. NAME OF DECEASED a. (First) James (Type or Print) b. (Middle) L. c. (Last) HOPKINS				4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 1877		9. AGE (in years last birthday) 73 IF UNDER 1 YEAR: Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delicatessen			10b. KIND OF BUSINESS OR INDUSTRY Broadway Del.		11. BIRTHPLACE (State or foreign country) Galveston, Texas			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Hopkins			13b. MOTHER'S MAIDEN NAME Josephine Crowell			14. NAME OF HUSBAND OR WIFE Jessie Hopkins			
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. 496-34-1478		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Kohler, Galveston, Texas				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & Diabetic Coma ANTECEDENT CAUSES DUE TO (b) Diabetes Mellitus & arteriosclerotic nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Encephalo malacia						INTERVAL BETWEEN ONSET AND DEATH 10 days 260X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No Operation						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1-21 , 19 51 , to 1-31 , 19 51 , that I last saw the deceased alive on 1-31 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J.G. Sheldon M.D.				23b. ADDRESS 922 Walnut			23c. DATE SIGNED 2-1-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2-1-51		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 2-2-51		REGISTRAR'S SIGNATURE Sheraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.				

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

Shelton

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Max W. Kirkendall*

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *A. C. Me.*

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.