

FILED MAY 13 1942
Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 81

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town Rural - Bogard
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME C. DWYDE HOPKINS

8. (b) If veteran, name war _____ 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sola Hopkins 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased August 11 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Charles Hopkins
18. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Jessith Pamer
15. Birthplace Pitts County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sola Hopkins
(b) Address Verich, Mo.
17. (a) Verich, Mo. (b) Date thereof 4-2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Verich Cemetery

18. (a) Signature of funeral director Habert Arnold
(b) Address Creighton Mo.
19. (a) March 31, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) J.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 42 hour Five minute 20 p.m.

21. I hereby certify that I attended the deceased from 12-12 1942 to 3-29 1942
that I last saw him alive on 3-29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Acute Gastric ulcers with bleeding
Duration 2 days
Due to _____
Duration _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to 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?

While at work _____ (Specify type of place) (e) Means of injury 0
23. Signature Bugard D. Verich (M. D. or other) MD
Address Clinton Mo Date signed 3-30-42

RECEIVED
City Health Officer No. 7
District File Number 5-42-471
Date Filed 5-6-42

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 Robert Arnold
Licensed Embalmer No. 2621
P. O. Address Craghton, 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14437

Registration District No. 247

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH: Henry
 (a) County Henry
 (b) City or town Clinton
 (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 _____
 In this community _____
 years, months or days) (Specify whether _____)

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

3. (a) PRINT FULL NAME C. Elvira Hopkins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar Day 21 Year 1942 Hour _____ Minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 that I saw him _____ die on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Due to Chronic Nephritis 1 year
 Due to Pt. Kid / Ruptured Varicocity / Stomach (Ward's Stage) 1 day
 Other conditions _____
 (Include pregnancy within 3 months of death)

7. Birth date of deceased Aug 11 1872
 (Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____
 (If less than one day _____ hr. _____ min.)

Major findings: _____
 Of operations _____
 Of autopsy 1316
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace _____ (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry of business _____
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____ (City, town, or county) (State or foreign country)
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____ (b) Address _____
 19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

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?
 While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature August D. Newell (M. D. or other) MD
 Address Clinton, Mo Date signed 5-30-42

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

SUPPLEMENTARY

