

S. No. 2
M-2-43
5-17-39
PI X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41953**

FILED DEC 16 1944

Registration District No. **272**

Primary Registration District No. **6002**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Ralls**
(b) City or town **Rural (Ralls County)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Salt River Township**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)
In this community **85 Yrs.**

3. (a) PRINT FULL NAME **Alvin Menefee Hopkins**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Annie Phillips**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July, 24, 1859**
(Month) (Day) (Year)

8. AGE: Years **85** Months **4** Days **5**
If less than one day hr. min.

9. Birthplace **Ralls County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **H. E. Hopkins**
(b) Address **Perry, Missouri**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **12-1-44**
(Month) (Day) (Year)
(c) Place: burial or cremation **Link Creek Cemetery**

18. (a) Signature of funeral director **Charles W. Wicks**
(b) Address **Perry, Missouri**

19. (a) **12-6-44**
(Date received local registrar) (b) **Mrs. Carol Perkins**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**
(c) City or town **Rural (Salt River Township)**
(If outside city or town limits, write "RURAL")
(d) Street No. **Perry, Missouri R.F.D.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **U**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov**, day **29th**,
year **1944** hour **4:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **Sept 1, 1944 to Nov 29, 1944**
that I last saw him alive on **Nov 29, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio**
Sclerosis
Thrombosis
artery
Due to **arterio**
artery
Due to **artery**

Other conditions.
(Include pregnancy within 3 months of death) **99.1**

Major findings:
Of operations
Of autopsy
PHYSICIAN
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
23. Signature **John Brown** (M. D. or other)
Address **Perry, Mo** Date signed **12/1/44**

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 12-44-1986

Date Filed DEC 14 1944

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

Olyver W. May

Licensed Embalmer No.

3826

P. O. Address

Perry, Ind.

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.