		THE DIVISION OF H	EALTH OF MISSON	JRI 🙎	5520
FILED FEE	3 25 1949	STANDARD CERTI	FICATE OF DEA	ATH State File	No
BIRTH NO.		REG. DIST. NO. 209			···
	тн	•		ENCE (Where decessed lived.	
a. COUNTY MA	.rfan		a. SIAIL Miss	ouri 6. COUNTY	Ralls, dission).
b. CITY (If outside cor		URAL and give c. LENGTH O	c. CITY (If outside so	rporate limits, write RUBAL and giv	e township) U O
TOWN Hann		uri 7 Days	. TOWN Rul		mahip) j
d. FULL NAME OF (HOSPITAL OR INSTITUTION	•	_ /)			.D. /
3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Mo	nth) (Day) (Year)
(Type or Print)	H.	Clay	Hookins.	DEATH Feb	11 1949
5, SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9. AGE (In years) F	ONDER I YEAR IF DROER M MES.
Male ()	White	Single	JEny19,1865	84 1	
		10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE (Black	or foreign country)	12. CITIZEN OF WHAT
	ng life, even if retired)			into Missauri	COUNTRY?
I				14. NAME OF HUSBAND OF	
1	onki na	Mary Mane	Paa		
				S SIGNATURE OR NAME	ADDRESS
	yes, give war or dates o	· · · · · · · · · · · · · · · · · · ·	1424	to their a Do	mrv.Mo.
			CERTIFICATION	7	INTERVAL BETWEEN
	I, DISEASE OR CO		0 0 /1		ONSET AND DEATH
line for (a), (b), and (c)	DIRECTLY LEAD!	ING TO DEATH (a)	trot Men	rouliage	- 2aons
*This does not mean			Terioscol	Peroxis	
	Morbid conditions rise to the above co	n, if any, giving DUE TO (8)	122990 5 C		
etc. It means the dis-	the underlying cau	HE 1401.		ふる\ ト	
	II OTHER SIGNIE				
IIOA WAICH LABOUS SELAN.			On calle	D. QAMA	
			ino secon	our jarya	20. AUTOPSY?
19a. DATE OF OPERA- TION	196. MAJOR FIND	DINGS OF OPERATION		2000	
			1		YES NO
21a. ACCIDENT SUICIDE	(Specify) 2	21b. PLACE OF INJURY (e.g., in or abou home, farm, factory, street, office bidg., etc	s 21c. (CITY, TOWN, OR)	TOWNSHIP) (COUNT	TY) (STATE)
	1				
I OF -	(Day) (Year) (ן צור. HOW פוט אטעאי - ר	r occurr	
INJURY		m. WORK AT WORK	<u> </u>		·····
22. I hereby certify	hat I attended, i	he deceased from Feb	2 <u>,</u> 1944, to		I last saw the deceased
alive on	Felc, 19	, and that death occurred a	1.03L.m., from	the causes and on the date	stated above.
23a. SIGNATURE		(Degree or title)	23b. ADDRESS	•	23c. DATE SIGNED
$ \mathcal{M} \cdot ($	1/06	20 M.DP 1)	Perr	w M	2-14-49
24. BURTAL, CREMA	- 24b. DATE			24d. ECCATION (City, town, o	r county) (State)
HION, REMOVAL (SHAT)	2-13-4	9 Lickcreak	Comptoin	Perry,	Mo.
DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATURE Au 19	25 FUNERAL DIREC	CTOR'S SIGNATURE	ADDRESS
2-18.49 REG	DAJE M	Lucke MH Fishin	(Oliver	Walnut	Pour Jus
	- the law tork	(Licensed Embalmer's	Statement on Reverse Si	de)	V
	BIRTH NO. I. PLACE OF DEA a. COUNTY Ma. D. CITY (if outside co. OR TOWN Hann) d. FULL NAME OF (HOSPITAL OR INSTITUTION) 3. NAME OF DECEASED (Type or Print) 5. SEX 6. Male 1 10a. USUAL OCCUPATIC done during most of works Farmer 13a. Father's NAME Eldridge H 5. WAS DECEASED EVE (Yes. no. or unknown) (If NO e) 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, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY 22. I hereby certify (alive on 1) 23a. SIGNATURE 24a. BUR'IAL, CREMA TION, REMOVAL (Bodding Bull'IAL) DATE RECD BY LOCAL	1. PLACE OF DEATH a. COUNTY Marion b. CITY (If ostaide corporate limits, write R OR TOWN Hannibal, Masso d. FULL NAME OF (If not in hospital or is HOSPITAL OR INSTITUTION Levering HOSPITAL OR INSTITUTION Levering HOSPITAL OR (If yet a first) 3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE Male () White 10a. USUAL OCCUPATION (Give kind of work dome during most of working life, even if restred) Farmer 13a. Father's NAME Eldridge Hopkins 15. WAS DECEASED EVER IN U. S. ARMED IN CYCE, no, or unknown) (If yee, give war or dates NO e) 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, asthenia; etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT (Brockly) 21a. ACCIDENT (Brockly) 21b. MAJOR FINE 21c. Time (Mosth) (Day) (Year) (OF INJURY) 22a. BURIAL, CREMATION, REMOVAL (Specity) BULIAL CREMATION.	FILED FEB 25 1949 STANDARD CERTI BIRTH MO. REG. DIST. MO. 20 9 1. PLACE OF DEATH a. COUNTY D. CITY (15 ostedde corporate limits, write RURAL and give OR OR OR HARDID CORPORATE LIMITS, write RURAL and give township) d. FULL NAME OF (15 not to hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Levering Hospital. 3. NAME OF OF (15 not to hospital or institution, give street address or location) H. Clay 13. NAME OF OF (15 not to hospital or institution, give street address or location) NO. USUAL OCCUPATION (Give kind of work doose during most of working life, even if redired) Farme 13. NAME OF OCCUPATION (Give kind of work doose during most of working life, even if redired) Farme 13. FATHER'S NAME Eldridge Hopkins 13. MOTHER'S MAIDE Eldridge Hopkins 13. MOTHER'S MAIDE SOCIAL SECURITY NO. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the discart, injury, or compiliation which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the doore cause (a) stating death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Or related to the doore cause (a) stating cuts last. Morbid conditions, if any, giving DUE TO (b) Or related to the doore cause (a) stating cuts last. Morbid conditions, or any giving DUE TO (b) Or related to the death but not related to the death but not related to the death but not related to the death or conditions contributing to the death but not related t	FILED FEB 25 1949 STANDARD CERTIFICATE OF DE. BIRTH NO.	BIRTH NO. RES. DIST. NO. 29 PRIMARY REG. DIST. NO. 2043 Registron I. PLACE OF DEATH a. COUNTY Marion b. CITY (If conside compared limite, write RUBAL and give to severally) J. CITY (If conside compared limite, write RUBAL and give to severally) J. CITY (If conside compared limite, write RUBAL and give to severally) J. CITY (If conside compared limite, write severally) J. D. MILE CALL COLLEGE

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STATEMENT	BY	LICENSED	EMBALME	R

I hereby certify that the body whose name is recorded on the	reverse side of this certificate was embalmed by me, o	or by
		*
working under my personal supervision.	Olyde Wie	

Student Embalmer

Licensed Embalmer No. 3 826

P. O. Address P.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.